#### Case 16-29189 Doc 1 Filed 09/13/16 Entered 09/13/16 14:07:44 Desc Main Document Page 1 of 71

| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptey Court for the          |                               |
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          | <u> </u>                      |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7                     |
|   | Chapter 11                    |
|   | Chapter 12  ✓ Chapter 13      |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself   |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Tammy                      |   |
|    |   | First name                 | First name                                    |
|    | Write the name that is on   | D.                         |   |
|    | your government-issued picture identification (for                  | Middle name                | Middle name                                   |
|    | example, your driver's  | Fair                       |   |
|    | license or passport   | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the  | First name                 | First name                                    |
|    | last 8 years  |                            |   |
|    | Include your married or   | Middle name                | Middle name                                   |
|    | maiden names.   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4   | XXX - XX- 8321             | xxx - xx-                                     |
|    | digits of your<br>Social Security                                   | OR                         | OR  |
|    | number or federal   |                            |   |
|    | Individual Taxpayer Identification                                  | 9 xx - xx-                 | 9 xx - xx-                                    |
|    | number (ITIN)   |                            |   |

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| De | ebtor 1 Tammy   | D.  | Fair  | Case number (if kn | nown)   |                         |
|----|---|---|---|--------------------|---|-------------------------|
|    | First Name  | Middle Name   | Last Name   |                    |   |                         |
|    |   | About Debtor 1:   |   | About Debt         | tor 2 (Spouse Only                                      | / in a Joint Case):     |
| 4. | Any business names and Employer                         | I have not used any busine  | ess names or EINs.  | ☐ I have no        | ot used any business nam                                | nes or EINs.            |
|    | Identification<br>Numbers (EIN) you<br>have used in the | Business name   |   | Business na        | ame   |                         |
|    | last 8 years  | Business name   |   | Business na        | ame   |                         |
|    | Include trade names and doing business as names         | EIN   |   | EIN                |   |                         |
|    |   | EIN   |   | EIN                |   |                         |
| 5. | Where you live  |   |   | If Debtor 2 li     | ives at a different addr                                | ess:                    |
|    |   | 14313 S State St<br>Number Street   |   | Number             | Street  |                         |
|    |   | Riverdale Illinois  | 60827   |                    |   |                         |
|    |   | City State Cook   | Zip Code  | City               | State   | Zip Code                |
|    |   | County  |   | County             |   |                         |
|    |   | •   |   | County             |   |                         |
|    |   | If your mailing address is diffill it in here. Note that the cour this mailing address. |   |                    | mailing address is diffe<br>that the court will send ar |                         |
|    |   | Number Street   |   | Number             | Street  |                         |
|    |   |   |   |                    |   |                         |
|    |   | City State  | Zip Code  | City               | State   | Zip Code                |
| 6. | Why you are choosing this                               | Check one:  |   | Check one:         |   |                         |
|    | district to file for bankruptcy                         | Over the last 180 days bef lived in this district longer                                | fore filing this petition, I have than in any other district. |                    | last 180 days before filin                              |                         |
|    | . ,   | I have another reason. Exp  | olain. (See 28 U.S.C. §§ 1408.)                               | I have an          | nother reason. Explain. (S                              | see 28 U.S.C. §§ 1408.) |
|    |   |   |   |                    |   |                         |
|    |   |   |   |                    |   |                         |
|    |   |   |   |                    |   |                         |
|    |   |   |   |                    |   |                         |
|    |   |   |   |                    |   |                         |

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| De  | btor 1 Iammy<br>First Name  | D. Middle Name   | Fair  |  | Case number (if know   | <u></u>  |
|-----|---|--|---|--|--|--|
| Pa  | Tell the Court Abo  |  | Last Nam  ptcy Case   | ne   |  |  |
|     | The chapter of the<br>Bankruptcy Code<br>you are choosing to<br>file under  |  | ief description of each, s<br>the top of page 1 and che   |  |  | (b) for Individuals Filing for Bankruptcy (Form  |
|     | How you will pay<br>the fee   | court for mor may pay with on your beha  I need to pay Individuals to  I request that By law, a judgless than 150 the fee in ins | e details about how cash, cashier's chalf, your attorney may the fee in installar Pay Your Filing Fee to the may be be waived ge may, but is not roll of the official points. | wyou may pay. The peck, or money of ay pay with a creation ments. If you chapter in Installments (and (You may required to, waive overty line that aphoose this option | ypically, if you rder If your a dit card or checoose this option Official Form 10 est this option of your fee, and oplies to your fan, you must fill of the results. | only if you are filing for Chapter 7. may do so only if your income is amily size and you are unable to pay but the <i>Application to Have the</i> |
|     | Have you filed for bankruptcy within the last 8 years?  | ✓ No.  Yes. District  District  District   |   | WhenWhenWhen   | MM / DD / YYYY  MM / DD / YYYY   | Case number  Case number  Case number  |
|     | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor  District  Debtor  District   |   | When When  | MM / DD / YYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known   |
| 11. | Do you rent your<br>residence?  | ✓ No.  | andlord obtained an evic  |  |  | nt to stay in your residence?<br>(Form 101A) and file it with  |

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| Debtor 1 Tammy  |   | D.                         |  | Fair                  | Case number (if know          | wn)                           |                  |
|---|---|----------------------------|--|-----------------------|-------------------------------|-------------------------------|------------------|
| First Name  |   |                            |  | Last Name             |                               |                               |                  |
| Part 3: Report About A  | Any Bus   | sinesse                    | es You Own as a S                                | Sole Proprietor       | •                             |                               |                  |
| 12. Are you a sole<br>proprietor of any<br>full- or part-time   |   | No.<br>Yes.                | Go to Part 4.  Name and location of b            | pusiness              |                               |                               |                  |
| business?   | _   |                            |  | 340                   |                               |                               |                  |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a  |   |                            | Name of business, if an Number                   | Street                |                               |                               |                  |
|   |   |                            |  |                       |                               |                               |                  |
| partitioning, or 220.   |   |                            | City   |                       | State                         | Zip Code                      |                  |
| separate sheet and  |   |                            | Health Care Bu                                   | ısiness (as defined i | n 11 U.S.C. § 101(27A))       |                               |                  |
|   |   |                            | =  |                       |                               |                               |                  |
| a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  City State Zi  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  Health Care Business (as defined in 11 U.S.C. § 101(27A))  Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  Commodity Broker (as defined in 11 U.S.C. § 101(53A))  Commodity Broker (as defined in 11 U.S.C. § 101(6))  None of the above  If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most rece operations, cash-flow statement, and federal income tax return or if any of these documents of U.S.C. § 11 16(1)(B).  No. I am not filing under Chapter 11.  No. I am filing under Chapter 11, but I am NOT a small business debtor according Bankruptcy Code.  Yes. I am filing under Chapter 11 and I am a small business debtor according to the |   |                            |  |                       |                               |                               |                  |
|   | Corporation, partnership, or LLC.    Gity   State   Zip Code  |                            |  |                       |                               |                               |                  |
| Chapter 11 of the<br>Bankruptcy Code<br>and are you a <i>sma</i>  | dead<br>open  | dlines. If y<br>ations, ca | ou indicate that you are ash-flow statement, and | a small business del  | btor, you must attach your mo | ost recent balance sheet,     | , statement of   |
| For a definition of   | <b>✓</b>  | No.                        | I am not filing under Ch                         | hapter 11.            |                               |                               |                  |
| small business<br>debtor, see 11 U.S.0  | <sub>2.</sub> □   | No.                        |  | ter 11, but I am NOT  | a small business debtor ac    | cording to the definition     | in the           |
| § 101(51D).   |   | Yes.                       | I am filing under Chapt                          | ter 11 and I am a sm  | nall business debtor accordin | ng to the definition in the I | Bankruptcy Code. |
| Part 4: Report if You (   | Own or  | Have A                     | Any Hazardous Pro                                | operty or Any F       | Property That Needs           | Immediate Attenti             | on               |
| 14. Do you own or have any property that poses or is alleged to pose a threat of  |   | No.<br>Yes.                | What is the hazard?                              |                       |                               |                               |                  |
| imminent and identifiable hazard to public health or  |   |                            | If immediate attention is                        | needed, why is it nee | eded?                         |                               |                  |
| safety? Or do you   | Check the appropriate box to describe your business:    Check the appropriate box to describe your business:   Check the appropriate box to describe your business:   Check the appropriate box to describe your business:   Check the appropriate box to describe your business:   Check the appropriate box to describe your business:   Check the appropriate box to describe your business (as defined in 11 U.S.C. § 101(51B))   Single Asset Real Estate (as defined in 11 U.S.C. § 101(53A))   Commodity Broker (as defined in 11 U.S.C. § 101(6))   None of the above   If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B).   No.   I am not filing under Chapter 11.     No.   I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   What is the hazard?   Ves.   What is the hazard? |                            |  |                       |                               |                               |                  |
| own any property  |   |                            |  | Number                | Street                        |                               |                  |
| that needs immediate  |   |                            |  |                       |                               |                               |                  |
| attention?  |   |                            |  |                       |                               |                               |                  |
| For example, do you   |   |                            |  |                       |                               |                               |                  |
| own perishable good<br>or livestock that mus<br>be fed, or a building<br>that needs urgent<br>repairs?  |   |                            |  | City                  | State                         | Zip                           | o Code           |
|   |   |                            |  |                       |                               |                               |                  |

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Debtor 1 Tammy D. Fair Case number (if known)

#### First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of credit counseling with the court. credit counseling with the court.

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| Debtor 1 Tammy  | D.   | Fair Case number   | (if known)   |
|---|--|--|--|
| First Name  | Middle Name  | Last Name  |  |
| Part 6: Answer These Qu   | uestions for Reporting Purpo   | oses   |  |
| 16. What kind of debts do you have?   | 101(8) as "incurred by a  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primari obtain money for a busir investment.  No. Go to line 16c.  Yes. Go to line 17.   | Ity consumer debts? Consumer of a nindividual primarily for a personal lity business debts? Business dependences or investment or through the lity own owe that are not consumer defined.  | al, family, or household purpose."  bts are debts that you incurred to operation of the business or                                      |
| 17. Are you filing under Chapter 7?   | No. I am not filing under Chapte   | er 7. Go to line 18.   |  |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid | paid that funds will be avail  | . Do you estimate that after any exempt proplable to distribute to unsecured creditors?  | perty is excluded and administrative expenses are  |
| that funds will be<br>available for<br>distribution to<br>unsecured creditors?                  | ,  |  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | <b>=</b>   |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  |  |
| Part 7: Sign Below  |  |  |  |
| For you   | and correct.  If I have chosen to file under 11,12, or 13 of title 11, United choose to proceed under Cha If no attorney represents me ime fill out this document, I had I request relief in accordance I understand making a false sconnection with a bankruptcy years, or both. 18 U.S.C. §§ 7 | Chapter 7, I am aware that I may I States Code. I understand the repter 7.  and I did not pay or agree to pay save obtained and read the notice rewith the chapter of title 11, United statement, concealing property, or case can result in fines up to \$25 152, 1341, 1519, and 3571. | I States Code, specified in this petition. obtaining money or property by fraud in 0,000, or imprisonment for up to 20  ture of Debtor 2 |
|   | Executed on 9/13/2016<br>MM / DE   | Exec   | cuted on   |

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| Debtor 1                                 | Tammy   | D.  | Fair  | Case number   | (if known)   |
|--|---|---|---|---|--|
|  | First Name  | Middle Name   | Last Name   |   |  |
| you are<br>by one<br>If you a<br>represe | er attorney, if<br>represented<br>are not<br>ented by an<br>y, you do not | eligibility to proceed un<br>the relief available und<br>to the debtor(s) the not<br>certify that I have no k<br>petition is incorrect. | der Chapter 7, 11, 12,<br>ler each chapter for wh<br>tice required by 11 U.S. | or 13 of title 11, Uich the person is c<br>C. § 342(b) and, i | that I have informed the debtor(s) about United States Code, and have explained eligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, nation in the schedules filed with the |
| need to                                  | file this page.   | /s/ Jason Diaz  |   | Date  | 9/13/2016  |
|  |   | Signature of Attorney   | for Debtor  |   | MM / DD / YYYY   |
|  |   | Jason Diaz Printed name  Semrad Law Firm Firm name  11101 S. Western Aver Street  | nue   |   |  |
|  |   | Chicago   | ı   | llinois   | 60643  |
|  |   | City  |   | State   | Zip Code   |
|  |   | Contact phone   |   | Email address   | jdiaz@semradlaw.com  |
|  |   |   |   | Illino  | ois  |
|  |   | Bar number  |   | Stat  | te   |

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| Fill in this inform            | Fill in this information to identify your case: |                   |                      |  |  |  |
|--------------------------------|---|-------------------|----------------------|--|--|--|
| Debtor 1                       | Tammy<br>First Name                             | D.<br>Middle Name | Fair<br>Last Name    |  |  |  |
| Debtor 2<br>(Spouse, if filing | ) First Name                                    | Middle Name       | Last Name            |  |  |  |
| United States Ba               | ankruptcy Court for the:                        | Northern          | District of Illinois |  |  |  |
| Case number<br>(If known)      |   |                   | (State)              |  |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

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#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets  |   |
|--|---|
|  | <b>Your assets</b><br>Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$6,351.00                                  |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$6,351.00                                  |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe          |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$9,926.00                                  |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$0.00                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$6,372.00                                  |
| Your total liabilities   | \$16,298.00                                 |
| Part 3: Summarize Your Income and Expenses   |   |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$3,790.69                                  |
| 5. Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J  | \$3,440.00                                  |
|  |   |

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| Del         | otor 1           | Tammy  | D.                       | Fair                    | Case n                 | umber (if known)            |            |
|-------------|------------------|--|--------------------------|-------------------------|------------------------|-----------------------------|------------|
|             |                  | First Name   | Middle Name              | Last Name               |                        |                             |            |
| Par         | t 4:             | Answer These Questions   | for Administrativ        | e and Statistical       | Records                |                             |            |
| 6. <b>A</b> | re yo            | ou filing for bankruptcy under C   | hapters 7, 11, or 13?    |                         |                        |                             |            |
|             |                  | lo. You have nothing to report on the  | is part of the form. Che | eck this box and submi  | it this form to the co | urt with your other schedul | es.        |
|             | <b>✓</b> Ye      | es.  |                          |                         |                        |                             |            |
| 7. <b>V</b> | Vhat I           | kind of debt do you have?  |                          |                         |                        |                             |            |
|             |                  | our debts are primarily consum<br>amily, or household purpose. 11 U.S            |                          |                         | , ,                    | , ,                         |            |
|             |                  | our debts are not primarily con<br>his form to the court with your other         |                          | re nothing to report on | this part of the form  | . Check this box and subm   | nit        |
|             |                  | n the <i>Statement of Your Curren</i><br>122A-1 Line 11; <b>OR</b> , Form 122B L | •                        | 1,,,                    | monthly income fro     | m Official                  | \$4,963.84 |
| 9.          | Сор              | by the following special categor   | ies of claims from Pa    | rt 4, line 6 of Sched   | ule E/F:               |                             |            |
|             | Froi             | m Part 4 on Schedule E/F, copy   | the following:           |                         |                        | Total claim                 |            |
|             | 9a. I            | Domestic support obligations (Cop  | by line 6a.)             |                         |                        | \$0.00                      |            |
|             | 9b. <sup>-</sup> | Taxes and certain other debts you  | owe the government. (C   | Copy line 6b.)          |                        | \$0.00                      |            |
|             | 9c. (            | Claims for death or personal injury  | while you were intoxica  | ated. (Copy line 6c.)   |                        | \$0.00                      |            |
|             | 9d. \$           | Student loans. (Copy line 6f.)   |                          |                         |                        | \$0.00                      |            |
|             |                  | Obligations arising out of a separa rity claims. (Copy line 6g.)                 | tion agreement or divo   | rce that you did not re | port as                | \$0.00                      |            |
|             | 9f. D            | Debts to pension or profit-sharing p   | plans, and other similar | debts. (Copy line 6h.   | )                      | \$0.00                      |            |
|             | 9g. <sup>.</sup> | Total. Add lines 9a through 9f.  |                          |                         |                        | \$0.00                      |            |

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| Debtor 1              |  | 9:  |   |   |   |
|-----------------------|--|---|---|---|---|
|                       | Tammy  | D.  | Fair  |   |   |
|                       | First Name   | Middle Name   | Last Name   |   |   |
| Debtor 2              | (iii)  |   |   |   |   |
| Spouse, if            | filing) First Name   | Middle Name   | Last Name   |   |   |
| United Stat           | tes Bankruptcy Court for the:  | Northern  | District of Illinois  |   |   |
| >                     | h.a  |   | (State)   |   |   |
| Case numb<br>f known) | <u> </u>   |   |   |   |   |
| Officia               | I Form 106A/B  |   |   |   | Check if this is an amended filing  |
| ched                  | dule A/B: Prope  | rtv   |   |   |   |
| I. Do you             | own or have any legal or equ<br>No. Go to Part 2                     |   | I, or Other Real Estate You Own   |   | ·   |
| 1.1                   | Yes. Where is the property?  |   |   |   |   |
|                       | Street address, if available, or                                     | other description                                       | at is the property? Check all that apply. Single-family home  | Do not deduct secured c<br>the amount of any secure<br>Creditors Who Have Cla | ed claims on <i>S<sup>i</sup>chedule D</i>  |
|                       | Street address, if available, or                                     | other description S                                     | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | the amount of any secure  | ed claims on <i>S<sup>i</sup>chedule L</i>  |
| ·<br>·                | Street address, if available, or | other description S  other description S  C  I  I  I  I | Single-family home  Duplex or multi-unit building  Condominium or cooperative                           | the amount of any secure<br>Creditors Who Have Cla<br>Current value of the    | ed claims on Schedule E<br>aims Secured by Proper<br>Current value of the<br>portion you own? |

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1 and Debtor 2 only

property identification number:

What is the property? Check all that apply.

Who has an interest in the property? Check

At least one of the debtors and another

Other information you wish to add about this item, such as local

Duplex or multi-unit building

Condominium or cooperative

Manufactured or mobile home

Single-family home

Investment property

Land

Timeshare

Debtor 1 only Debtor 2 only

1.2

Number

City

Street address, if available, or other description

Zip Code

Street

State

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D*:

Creditors Who Have Claims Secured by Property.

Describe the nature of your ownership

interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property

Current value of the

portion you own?

Current value of the

(see instructions)

entire property?

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| Debtor 1                       | Tammy<br>First Name   | D.<br>Middle Name                              | Fair<br>Last Name  | Case number | (if known)  |  |
|--------------------------------|---|--|--|-------------|---|--|
| 1.3Stre                        | et address, if available, or oth                                | [  | What is the property? Check all that ap Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land   | oply.       | Do not deduct secured of the amount of any secure Creditors Who Have Clat Current value of the entire property? | · · · · · · · · · · · · · · · · · · ·  |
| City                           | State   | Zip Code                                       | Investment property Timeshare Other  |             | Describe the nature of interest (such as fee si the entireties, or a life                                       | mple, tenancy by   |
|                                |   | [<br>[<br>[<br>]                               | Who has an interest in the property?  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another their information you wish to add about the debtors. | er          | Check if this is con (see instructions)   | mmunity property   |
|                                |   | tion you own for al                            | roperty identification number:<br>Il of your entries from Part 1, includi<br>e   |             |   |  |
| <b>Do you ov</b><br>you own th | at someone else drives. If youns, trucks, tractors, sport utili | equitable interest in<br>lease a vehicle, also | n any vehicles, whether they are regis<br>o report it on Schedule G: Executory Cor<br>cles   |             |   |  |
| 3.1                            | Make<br>Model:<br>Year:   | Chevrolet Malibu 2011                          | Who has an interest in the prope one.  Debtor 1 only   | rty? Check  |   | laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.  |
|                                | Approximate mileage: Other information:                         | 75000  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ar Check if this is community preinstructions)  |             | Current value of the entire property?<br>\$5600.00  | Current value of the portion you own? \$5600.00  |
| 3.2                            | Make Model: Year: Approximate mileage: Other information:       |  | Who has an interest in the prope one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | rty? Check  | · ·   | laims or exemptions. Put ed claims on Schedule D: eims Secured by Property.  Current value of the portion you own? |
|                                |   |  | At least one of the debtors and ar  Check if this is community pre- instructions)  |             |   |  |

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| First Name   | chedule D: by Property. lue of the rown?  ptions. Put chedule D: |
|--|--|
| Model: Year:   Debtor 1 only   Current value of the entire property?    Approximate mileage:   Debtor 2 only   Current value of the entire property?    At least one of the debtors and another   Check if this is community property (see instructions)    At least one of the debtors and another   Debtor 1 only   Creditors Who Have Claims or exert the amount of any secured claims or exert the amount of any sec | chedule D: by Property. lue of the rown?  ptions. Put chedule D: |
| Year: Approximate mileage: Debtor 1 only Creditors Who Have Claims Secured Approximate mileage: Debtor 2 only Current value of the entire property? Current value of the entire property? Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only At least one of the debtors and another Check if this is community property (see instructions)  3.4 Make Model: Debtor 1 only Creditors Who Have Claims or exert the amount of any secured claims on exert the amount of any secured daims on creditors Who Have Claims Secured Check if this is community property (see instructions)  4 Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories    Vest  | by Property.  lue of the own?  ptions. Put chedule D:            |
| Approximate mileage: Debtor 2 only Other information: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  3.4 Make Model: Obetor 1 only Approximate mileage: Debtor 1 only Other information: Debtor 2 only Other information: Debtor 3 only Other information: Debtor 4 only Other information: Debtor 5 only Other information: Debtor 6 one. Other information: Debtor 1 only Other information: Debtor 1 and Debtor 2 only Other information: Debtor 1 and Debtor 2 only Other information: Debtor 1 only Other information: Debtor 1 only Other information: Debtor 1 and Debtor 2 only  | ptions. Put  |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  3.4 Make  Model:  Year:  Approximate mileage:  Other information:  Debtor 1 and Debtor 2 only  Current value of the entire property? Check one.  Other information:  Debtor 1 only  Debtor 1 only  Current value of the entire property?  At least one of the debtors and another the amount of any secured claims or exert the amount of any secured cl | ptions. Put  |
| At least one of the debtors and another    Check if this is community property (see instructions)  | ptions. Put  |
| Check if this is community property (see instructions)  3.4 Make   | chedule D:   |
| instructions)  3.4 Make  | chedule D:   |
| Model: Year: Approximate mileage: Other information: Debtor 1 only Other information: Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories    Vascent   | chedule D:   |
| Year: Approximate mileage:  Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  ANO  Yes  4.1 Make Model: Year: Approximate mileage: Debtor 1 and Debtor 2 only Approximate mileage: Debtor 1 and Debtor 2 only  Who has an interest in the property? Check one. Approximate mileage: Debtor 1 only Approximate mileage: Debtor 2 only  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?  Do not deduct secured claims or exert the amount of any secured claims on Creditors Who Have Claims Secured  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?  At least one of the debtors and another Check if this is community property (see   |  |
| Approximate mileage:  Other information:  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No  Yes  4.1 Make  Model:  Year:  Approximate mileage:  Debtor 1 only  Approximate mileage:  Debtor 2 only  Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Current value of the entire property?  | by I Toperty.  |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No  Yes  4.1 Make  Model:  Year:  Approximate mileage:  Debtor 1 only  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Current value of the entire property?   |  |
| At least one of the debtors and another  Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No Yes  4.1 Make  Mho has an interest in the property? Check one. Year: Approximate mileage: Debtor 1 only Other information: Debtor 2 only Other information: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see  |  |
| Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No Yes  4.1 Make Mho has an interest in the property? Check one. Year: Approximate mileage: Doebtor 1 only Creditors Who Have Claims on Creditors Who Have Claims Secured Claims On Courrent value of the entire property?  At least one of the debtors and another Check if this is community property (see   | i own?   |
| instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No  Yes  4.1 Make  Mho has an interest in the property? Check one.  Year:  Approximate mileage:  Other information:  Debtor 1 only  Debtor 2 only  Other information:  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see   |  |
| Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories    Vocation   Ves   |  |
| Model: Year:  Approximate mileage:  Other information:  Debtor 1 only  Debtor 2 only  Other information:  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see   | ntiona Dut   |
| Year:  Approximate mileage:  Debtor 1 only  Debtor 2 only  Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see   | •  |
| Approximate mileage:    Debtor 2 only   Current value of the entire property?   Portion your por |  |
| Other information:  Debtor 2 only  Current value of the entire property?  At least one of the debtors and another  Check if this is community property (see  | ыу <i>Еторе</i> пу.  |
| At least one of the debtors and another  Check if this is community property (see  | ina af the   |
| Check if this is community property (see   |  |
|  |  |
|  |  |
| 4.2 Make Who has an interest in the property? Check Do not deduct secured claims or exer   |  |
| Model: one. the amount of any secured claims on  | ı own?   |
| Year: Debtor 1 only Creditors Who Have Claims Secured  | ptions. Put  |
| Approximate mileage: Debtor 2 only Current value of the Current value of | ptions. Put  |
| Other information:  Debtor 1 and Debtor 2 only  entire property?  portion you  | ptions. Put chedule D: by Property.                              |
| At least one of the debtors and another  | ptions. Put chedule D: by Property.                              |
| Check if this is community property (see instructions)   | ptions. Put chedule D: by Property.                              |
| 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here   | ptions. Put chedule D: by Property.                              |

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| D        | ebtor 1                          | Tammy                                      |   | D.                  | Fair  | Case number (if known)           |  |
|----------|----------------------------------|--|---|---------------------|---|----------------------------------|--|
| _        |                                  | First Name                                 | /a Danaanal   | Middle Name         | Last Name   |                                  |  |
|          |                                  |  | our Personal ave any legal                                      |                     | interest in any of the  | following items?                 | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|          |                                  |  | and furnishings<br>diances, furniture, l                        |                     | nenware   |                                  |  |
| <u>_</u> |                                  | escribe                                    | misc household g  | oods                |   |                                  | \$400.00   |
|          | <b>'. Elect</b> i<br>Examp<br>No |  | s and radios; audio   | o, video, stereo, a | nd digital equipment; compute                                 | ers, printers, scanners; music   |  |
| <b>✓</b> | Yes. D                           | escribe                                    | misc electronics  |                     |   |                                  | \$200.00   |
|          | Examp                            |  | and figurines; pain   | • •                 | her artwork; books, pictures, er collections, memorabilia, co | • •                              |  |
|          | Yes. D                           | escribe                                    |   |                     |   |                                  |  |
|          | Examp                            | les: Sports, ph                            | orts and hobbies<br>notographic, exerci<br>ss; carpentry tools; | se, and other hob   |   | tables, golf clubs, skis; canoes |  |
|          | <b>0. Fire</b><br>Examp          |  | les, shotguns, amr  | nunition, and relat | ted equipment   |                                  |  |
| L        | Yes. D                           | escribe                                    |   |                     |   |                                  |  |
|          |                                  |  | clothes, furs, leath  | er coats, designe   | r wear, shoes, accessories                                    |                                  | -  |
| ✓        | No<br>  Yes. [                   | escribe                                    | misc clothing   |                     |   |                                  | \$150.00   |
|          | ١                                |  |   | welry, engagemer    | nt rings, wedding rings, heirlo                               | oom jewelry, watches, gems,      | <u>-</u>   |
| Ė        |                                  | escribe                                    |   |                     |   |                                  | 1  |
|          | Examp<br>No                      | -farm animal<br>les: Dogs, cat<br>Describe | s<br>s, birds, horses   |                     |   |                                  |  |
|          | _                                | other persor                               | nal and househol  | d items you did     | not already list, including a                                 | any health aids you did not list |  |
|          | No<br>Yes. D                     | escribe                                    |   |                     |   |                                  |  |
|          | 5. Add                           | the dollar va                              | -   |                     | rt 3, including any entries f                                 | or pages you have attached       | \$750.00   |

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| Debte        | or 1 | Tammy<br>First Name                         | D.<br>Middle Name  | Fair<br>Last Name      | Case number (if known)   |  |
|--------------|------|---|--|------------------------|--|--|
| Part 4       | ı.   |   | inancial Assets  | Lastivame              |  |  |
|              |      |   | ny legal or equitable inte   | erest in any of the    | following?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. <b>C</b> | kamp | No  | in your wallet, in your home, in a s   |                        | nand when you file your petition  Cash:                        |  |
|              | Exar |   | vings, or other financial accounts;<br>itutions. If you have multiple acco             |                        | hares in credit unions, brokerage houses,<br>ution, list each. |  |
|              |      |   | 17.1. Checking account:  | Chase                  |  | \$1.00   |
|              |      |   | 17.2. Checking account:  |                        |  |  |
|              |      |   | 17.3. Savings account:   |                        |  |  |
|              |      |   | 17.4. Savings account:   |                        |  |  |
|              |      |   | 17.5. Certificates of deposit:   |                        |  |  |
|              |      |   | 17.6. Other financial account:   |                        |  |  |
|              |      |   | 17.7. Other financial account:   |                        |  |  |
|              |      |   | 17.8. Other financial account:   |                        |  |  |
|              |      |   | 17.9. Other financial account:   | -                      |  |  |
|              | Exar |   | or publicly traded stocks vestment accounts with brokerage Institution or issuer name: | firms, money market ac | counts   |  |
|              | an L | n-publicly traded sto<br>LC, partnership, a |  | ed and unincorporate   | d businesses, including an interest in                         |  |
|              |      | Yes. Give specific information about them   | Name of entity   |                        | % of ownership:  |  |
|              |      |   |  |                        |  |  |

Official Form 106A/B Schedule A/B: Property page 5

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| Deb | tor 1              | Tammy  | D.  | Fair                             | Case number (if known)                |        |
|-----|--------------------|--|---|----------------------------------|---------------------------------------|--------|
|     |                    | First Name                                   | Middle Name   | Last Name                        |                                       |        |
| 20. | Neg<br>Nor         | otiable instruments ir                       | orate bonds and other negotianclude personal checks, cashiers'nts are those you cannot transfer | checks, promissory notes,        | and money orders.                     |        |
|     |                    | Yes. Give specific information about them    | Issuer name:  |                                  |                                       |        |
|     |                    |  |   |                                  |                                       |        |
| 21. | Exa                | irement or pension<br>mples: Interests in IR |   | ), thrift savings accounts, or   | other pension or profit-sharing plans | _      |
|     | $\mathbf{\Lambda}$ | No   | Type of account:  | Institution name:                |                                       |        |
|     | Ц                  | Yes. List each account                       | 401(k) or similar plan:   | mouduon name.                    |                                       |        |
|     |                    | separately.                                  | Pension plan:   |                                  |                                       |        |
|     |                    |  | IRA:  |                                  |                                       |        |
|     |                    |  | Retirement account:   |                                  |                                       |        |
|     |                    |  | Keogh:  |                                  |                                       | -<br>- |
|     |                    |  | Additional account:   |                                  |                                       |        |
|     |                    |  | Additional account:   |                                  |                                       |        |
| 22. | You<br>Exa<br>com  |  | orepayments<br>deposits you have made so that yo<br>vith landlords, prepaid rent, publi         | c utilities (electric, gas, wate |                                       | -      |
|     |                    | No   |   | Institution name:                |                                       |        |
|     | Ш                  | Yes  | Electric:   |                                  |                                       |        |
|     |                    |  | Gas:  |                                  |                                       | =      |
|     |                    |  | Heating oil:  |                                  |                                       | _      |
|     |                    |  | Security deposit on rental unit:  |                                  |                                       | _      |
|     |                    |  | Prepaid rent:   |                                  |                                       |        |
|     |                    |  | Telephone:  |                                  |                                       | _      |
|     |                    |  | Water:  |                                  |                                       | _      |
|     |                    |  | Rented furniture:   |                                  |                                       |        |
|     |                    |  | Other:  |                                  |                                       |        |
| 23. |                    | •  | a periodic payment of money to  | you, either for life or for a nu | mber of years)                        | -      |
|     |                    | No<br>Yes                                    | Issuer name and description:  |                                  |                                       |        |
|     |                    |  |   |                                  |                                       |        |
|     |                    |  |   |                                  |                                       | -      |

Official Form 106A/B Schedule A/B: Property page 6

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| Debt | or 1 Tammy First Name   | D.<br>Middle N  |                          | Fair<br>Last Name              | Case number (if known)   |   |
|------|---|---|--------------------------|--------------------------------|--|---|
| 24.  | Interests in a  | n education IRA, in an acco   | ount in a qualified A    |                                | a qualified state tuition program  |   |
|      | 26 U.S.C. §§ 5  | 530(b)(1), 529A(b), and 529(b   | )(1).                    |                                |  |   |
|      | ✓ No  Yes   | Institution name and descript   | ion. Separately file the | e records of any interests.1   | 1 U.S.C. § 521(c):   |   |
|      |   |   |                          |                                |  |   |
|      |   |   |                          |                                |  |   |
| 25.  |   | able or future interests in p<br>or your benefit  | roperty (other than      | anything listed in line 1      | ), and rights or powers  |   |
|      | <b>✓</b> No   |   |                          |                                |  |   |
|      | Yes. Desc   | cribe   |                          |                                |  |   |
|      |   |   |                          |                                |  |   |
| 26.  |   | rrights, trademarks, trade s<br>rnet domain names, websites   | •                        |                                | ents   |   |
|      | <b>✓</b> No   |   |                          |                                |  |   |
|      | Yes. Desc   | ribe  |                          |                                |  |   |
|      |   |   |                          |                                |  | 1   |
| 27.  |   | nchises, and other general<br>ding permits, exclusive licens  |                          | ociation holdings, liquor lice | enses, professional licenses   |   |
|      | <b>✓</b> No   |   |                          |                                |  |   |
|      | Yes. Desc   | ribe  |                          |                                |  |   |
|      |   |   |                          |                                |  |   |
|      |   |   |                          |                                |  |   |
| Mor  | ney or prope  | erty owed to you?   |                          |                                |  | Current value of the portion you own? Do not deduct secured claims or exemptions.         |
|      | Tax refunds o   |   |                          |                                |  | portion you own? Do not deduct secured  |
|      | Tax refunds or  | wed to you  |                          |                                | Fadaral  | portion you own?  Do not deduct secured claims or exemptions.                             |
|      | Tax refunds or  No Yes. Give s abou   | wed to you specific information t them, including whether   |                          |                                | Federal:   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00                     |
|      | Tax refunds or  No Yes. Give s abou you a   | wed to you specific information t them, including whether liready filed the returns   |                          |                                | Federal:<br>State:   | portion you own?  Do not deduct secured claims or exemptions.                             |
| 28.  | Tax refunds or  No Yes. Give s abou you a and ti  | wed to you specific information t them, including whether liready filed the returns he tax years  |                          |                                |  | portion you own?  Do not deduct secured claims or exemptions.  \$0.00                     |
| 28.  | Tax refunds or  No Yes. Give s abou you a and ti  | wed to you specific information t them, including whether already filed the returns the tax years   | ousal support, child su  | upport, maintenance, divord    | State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00              |
| 28.  | Tax refunds or  No Yes. Give s abou you a and ti  | wed to you specific information t them, including whether already filed the returns the tax years   | ousal support, child su  | upport, maintenance, divord    | State: Local: ce settlement, property settlement   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00      |
| 28.  | Tax refunds or  ✓ No  Yes. Give s about you a and ti  Family support Examples: Past   | wed to you specific information t them, including whether already filed the returns the tax years   | ousal support, child su  | upport, maintenance, divord    | State: Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00              |
| 28.  | Tax refunds or  ✓ No  Yes. Give s about you a and ti  Family support Examples: Past   | wed to you  specific information t them, including whether ilready filed the returns he tax years   | ousal support, child su  | upport, maintenance, divord    | State: Local: ce settlement, property settlement   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00      |
| 28.  | Tax refunds or  ✓ No  Yes. Give s about you a and ti  Family support Examples: Past   | wed to you  specific information t them, including whether ilready filed the returns he tax years   | ousal support, child su  | upport, maintenance, divord    | State: Local:  ce settlement, property settlement  Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds or  ✓ No  Yes. Give s about you a and ti  Family support Examples: Past   | wed to you  specific information t them, including whether ilready filed the returns he tax years   | ousal support, child su  | upport, maintenance, divord    | State: Local:  Ce settlement, property settlement  Alimony:  Maintenance:  | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds or  ✓ No  Yes. Give s about you a and ti  Family support Examples: Past   | wed to you  specific information t them, including whether ilready filed the returns he tax years   | ousal support, child su  | upport, maintenance, divord    | State: Local:  Ce settlement, property settlement  Alimony: Maintenance: Support:  | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |
| 28.  | Tax refunds or  ✓ No  ☐ Yes. Give s abou you a and ti  Family support Examples: Past ✓ No ☐ Yes. Give s  Other amount   | wed to you  specific information t them, including whether ilready filed the returns he tax years  rt due or lump sum alimony, specific information           |                          |                                | State: Local:  ce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds or  ✓ No  ☐ Yes. Give s abou you a and ti  Family support Examples: Past ✓ No ☐ Yes. Give s  Other amount Examples: Unp.  | wed to you  specific information t them, including whether ilready filed the returns he tax years  rt due or lump sum alimony, specific information           | e payments, disability   | benefits, sick pay, vacation   | State: Local:  ce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds or  ✓ No  Yes. Give s abou you a and ti  Family support Examples: Past ✓ No  Yes. Give s  Other amount Examples: Unp Soc  | specific information t them, including whether ilready filed the returns he tax years  It due or lump sum alimony, specific information  specific information | e payments, disability   | benefits, sick pay, vacation   | State: Local:  ce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds or  ✓ No  ☐ Yes. Give s abou you a and the support of | specific information t them, including whether ilready filed the returns he tax years  It due or lump sum alimony, specific information  specific information | e payments, disability   | benefits, sick pay, vacation   | State: Local:  ce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |

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| Deb  | otor 1 Tammy                | D.  | Fair                                  | Case number (if known)                           |                              |
|------|-----------------------------|---|---------------------------------------|--|------------------------------|
|      | First Name                  | Middle Name   | Last Name                             |  |                              |
| 31.  | Interests in insurance      |   | · · · · · · · · · · · · · · · · · · · | harman and a same of sale to a same a            |                              |
|      | Examples: Health, disab     | oility, or life insurance; health sav                     | ings account (HSA); credit, i         | homeowner's, or renter's insurance               |                              |
|      | ✓ No                        |   |                                       |  |                              |
|      | Yes. Name the insur         | Comp  | any name:                             | Beneficiary:                                     | Surrender or refund value:   |
|      | of each policy and li       |   |                                       |  |                              |
|      | 0. 0ao poney ana n          |   |                                       | <del>-</del> -                                   | -                            |
|      |                             |   |                                       |  |                              |
|      |                             |   |                                       |  |                              |
| 00   |                             |   |                                       |  | <del></del>                  |
| 32.  |                             | ty that is due you from someo                             |                                       | or are currently entitled to receive             |                              |
|      | property because some       |   | s nom a me msurance policy            | , or are currently entitled to receive           |                              |
|      |                             |   |                                       |  |                              |
|      | <b>✓</b> No                 |   |                                       |  |                              |
|      | Yes. Describe               |   |                                       |  |                              |
|      |                             |   |                                       |  |                              |
|      |                             |   |                                       |  |                              |
| 33.  |                             | arties, whether or not you have                           |                                       | a demand for payment                             |                              |
|      | Examples: Accidents, er     | mployment disputes, insurance c                           | aims, or rights to sue                |  |                              |
|      | <b>✓</b> No                 |   |                                       |  |                              |
|      | Yes. Describe               |   |                                       |  |                              |
|      | Too. Boombo                 |   |                                       |  |                              |
|      |                             |   |                                       | <u>'</u>   |                              |
| 34.  | Other contingent and        | unliquidated claims of every                              | nature, including counter             | claims of the debtor and rights                  |                              |
|      | to set off claims           | •   |                                       | •  |                              |
|      | Z No                        |   |                                       |  |                              |
|      | ✓ No                        |   |                                       |  |                              |
|      | Yes. Describe               |   |                                       |  |                              |
|      |                             |   |                                       |  |                              |
| 35.  | Any financial assets yo     | ou did not already list                                   |                                       |  |                              |
| 33.  | —                           | ou did not all eady list                                  |                                       |  |                              |
|      | ✓ No                        |   |                                       |  |                              |
|      | Yes. Describe               |   |                                       |  |                              |
|      |                             |   |                                       |  |                              |
|      |                             |   |                                       |  |                              |
| 26   | Add the deller value o      | f all of your entries from Part                           | 4 including any antrica fa            | r nagos vou bayo attached                        |                              |
| 30.  |                             | umber here  |                                       |  | \$1.00                       |
|      | TOT I art 4. Write triat if | umber nere  |                                       |  |                              |
|      |                             |   |                                       |  |                              |
|      |                             |   |                                       |  |                              |
| Part | 5: Describe Any I           | Business-Related Proper                                   | ty You Own or Have                    | an Interest In. List any real estate             | in Part 1.                   |
| 37.  | Do you own or have a        | ny legal or equitable interest in                         | n any business-related pro            | operty?  |                              |
|      | No Co to Dort C             |   |                                       |  | Current value of the         |
|      | No. Go to Part 6.           |   |                                       |  | portion you own?             |
|      | Yes. Go to line 38.         |   |                                       | 1  | Do not deduct secured claims |
|      |                             |   |                                       |  | or exemptions                |
| 38.  | Accounts receivable o       | r commissions you already ea                              | rned                                  |  |                              |
|      | <b>✓</b> No                 |   |                                       |  |                              |
|      |                             |   |                                       |  |                              |
|      | Yes. Describe               |   |                                       |  |                              |
|      |                             |   |                                       |  |                              |
| 30   | Office equipment fur        | nichings and supplies                                     |                                       |  |                              |
| 39.  |                             | nishings, and supplies<br>ated computers, software, model | ms, printers, coniers, fax ma         | chines, rugs, telephones, desks, chairs, electro | onic devices                 |
|      |                             | aloa sompatoro, soltware, model                           | , primore, espicie, iax ma            | 555, rago, tolopriorios, acono, oriano, cicott   | 3011000                      |
|      | <b>✓</b> No                 |   |                                       |  |                              |
|      | Yes. Describe               |   |                                       |  |                              |
|      |                             |   |                                       |  |                              |
|      | -                           |   |                                       |  |                              |

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| Deb   | tor 1                   | Tammy                                | D.  | Fair                                    | Case number (if known)           |                                       |
|-------|-------------------------|--------------------------------------|---|---|----------------------------------|---------------------------------------|
| 40.   | Ma                      | First Name                           | Middle Name   | Last Name see in business, and tools of | vour trade                       |                                       |
| 40.   |                         | No                                   | uipineiii, supplies you t                             | ise ili busilless, aliu tools ol        | your trade                       |                                       |
|       |                         | Yes. Describe                        |   |   |                                  | 7                                     |
|       | Н                       | res. Describe                        |   |   |                                  |                                       |
| 44    |                         |                                      |   |   |                                  |                                       |
| 41.   |                         | ventory                              |   |   |                                  |                                       |
|       |                         | No                                   |   |   |                                  | 1                                     |
|       | Ш                       | Yes. Describe                        |   |   |                                  |                                       |
|       |                         |                                      |   |   |                                  |                                       |
| 42.   |                         | -                                    | ips or joint ventures                                 |   |                                  |                                       |
|       | $\overline{\mathbf{A}}$ | No                                   |   | Name of entity:                         | % of ownership:                  |                                       |
|       |                         | Yes. Give specific information about |   |   | ,                                |                                       |
|       |                         | them                                 |   |   |                                  | <del>_</del>                          |
|       |                         |                                      |   |   |                                  |                                       |
|       |                         |                                      |   |   |                                  |                                       |
| 43. ( | Cust                    | tomer lists, mailing                 | lists, or other compilation                           | ons                                     |                                  |                                       |
|       | ✓                       | •                                    |   |   |                                  |                                       |
|       | Ш                       | Yes. Do your lists in                | clude personally identifiab                           | e information (as defined in 11         | U.S.C. § 101(41A))?              |                                       |
|       |                         | ☐ No                                 |   |   |                                  |                                       |
|       |                         | Yes. Descr                           | ibe   |   |                                  |                                       |
| 44.   | An                      | y business-related p                 | property you did not alre                             | ady list                                |                                  |                                       |
|       | <b>✓</b>                | No                                   | . ,,  | •                                       |                                  |                                       |
|       | Ħ                       | Yes. Give specific                   |   |   |                                  |                                       |
|       |                         | information                          |   |   |                                  | <u> </u>                              |
|       |                         |                                      |   |   |                                  |                                       |
|       |                         |                                      |   |   |                                  |                                       |
|       |                         |                                      |   |   |                                  |                                       |
|       |                         |                                      |   |   |                                  | <del></del>                           |
|       |                         |                                      |   |   |                                  |                                       |
| 45. A | dd t                    | the dollar value of a                | II of vour entries from Pa                            | art 5, including any entries fo         | r pages you have attached        |                                       |
|       |                         |                                      |   |   |                                  |                                       |
| Part  | t 6:                    | Describe Any F If you own or have ar | Farm- and Commerc<br>in interest in farmland, list it | ial Fishing-Related Pro<br>n Part 1.    | perty You Own or Have an Interes | t In.                                 |
| 46.   | Do                      | you own or have a                    | ny legal or equitable inte                            | erest in any farm- or commer            | cial fishing-related property?   |                                       |
|       | <b>✓</b>                | No. Go to Part 7.                    |   |   |                                  | Current value of the portion you own? |
|       |                         | Yes. Go to line 47.                  |   |   |                                  | Do not deduct secured                 |
|       |                         |                                      |   |   |                                  | claims or exemptions                  |
| 47.   | Fa                      | rm animals                           |   |   |                                  | OI EVELUINIONS                        |
|       |                         | amples: Livestock, por               | ultry, farm-raised fish                               |   |                                  |                                       |
|       | <b>✓</b>                | No                                   |   |   |                                  |                                       |
|       |                         | Yes. Describe                        |   |   |                                  |                                       |
|       |                         |                                      |   |   |                                  |                                       |

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| Debt           | or 1     | Tammy<br>First Name   | D.<br>Middle Name  | Fair<br>Last Name       | Case number (if known)         |             |
|----------------|----------|-----------------------|--|-------------------------|--------------------------------|-------------|
| 48.            | Cro      | pps-either growing    |  | Lastivarie              |                                |             |
|                | <b>V</b> | No                    |  |                         |                                |             |
|                | Ħ        | Yes. Describe         |  |                         |                                |             |
|                | _        |                       |  |                         |                                |             |
| 49.            | Far      | m and fishing equi    | <br>pment, implements, machinery, fix                            | ctures and tools of tr  | ade                            |             |
| <b>4</b> 3.    | _        |                       | princint, implements, macrimery, nz                              | Rules, and tools of the | ade                            |             |
|                | 넴        | No<br>Yes. Describe   |  |                         |                                |             |
|                | ш        | res. Bescribe         |  |                         |                                |             |
| <b>5</b> 0     |          | d fieldin             | ulias abausiaala audifaad  |                         |                                |             |
| 50.            | _        |                       | olies, chemicals, and feed                                       |                         |                                |             |
|                |          | No<br>Yes. Describe   |  |                         |                                |             |
|                | ш        | res. Describe         |  |                         |                                |             |
|                | -        |                       |  |                         |                                |             |
| 51.            |          |                       | rcial fishing-related property you o                             | lid not already list    |                                |             |
|                | 넴        | No                    |  |                         |                                |             |
|                | Ц        | Yes. Describe         |  |                         |                                |             |
|                | -        |                       |  |                         |                                |             |
| 52. Ad         | dd th    | ne dollar value of al | ll of your entries from Part 6, inclu                            | ding any entries for pa | ages you have attached         |             |
| for Pa         | art 6.   | Write that number     | here   |                         | <b>&gt;</b>                    |             |
|                |          |                       |  |                         |                                |             |
| D1             | 7        | December All Du       | amantu Vari Orum an Harra an                                     | Interest in That V      | You Did Not List Above         |             |
| Part 53        |          |                       | operty You Own or Have an<br>perty of any kind you did not alrea |                         | ou did Not List Above          |             |
|                |          |                       | s, country club membership                                       | ay nor                  |                                |             |
|                | <b>✓</b> | No                    |  |                         |                                |             |
|                |          | Yes. Give specific    |  |                         |                                |             |
|                |          | information           |  |                         |                                |             |
|                |          |                       |  |                         |                                |             |
| E4 A4          | dd 4h    | o dellar value of al  | I of your entries from Part 7. Write                             | that number here        |                                |             |
| 04. A          | aa tr    | ie dollar value of al | or your entries from Part 7. Write                               | that number here        |                                |             |
|                |          |                       |  |                         |                                |             |
| Part           | ρ.       | List the Totals       | of Each Part of this Form  |                         |                                |             |
|                |          |                       |  |                         |                                |             |
| 55. <b>P</b>   | art 1    | l: Total real estate, | line 2   |                         | ▶                              | <del></del> |
| 56. <b>p</b>   | art 2    | total vehicles, line  | ÷5   | 00 0032                 |                                |             |
| -              |          |                       | d household items, line 15                                       | \$5600.00               |                                |             |
|                |          | : Total financial ass |  | \$750.00                |                                |             |
|                |          |                       | elated property, line 45   | \$1.00                  | <del></del>                    |             |
|                |          |                       |  |                         |                                |             |
|                |          |                       | ishing-related property, line 52                                 |                         | <u></u>                        |             |
| 61. <b>P</b>   | Part 7   | 7: Total other prope  | erty not listed, line 54   |                         |                                |             |
| 62. <b>T</b>   | otal     | personal property.    | Add lines 56 through 61  | \$6351.00               |                                | + \$6351.00 |
|                |          |                       |  |                         | Copy personal property total ▶ |             |
|                |          |                       |  |                         |                                | \$6351.00   |
| 63. <b>T</b> c | otal     | of all property on S  | chedule A/B. Add line 55 + line 62                               |                         |                                |             |

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| Fill in this information to identify your case: |                          |                   |                              |  |  |  |
|---|--------------------------|-------------------|------------------------------|--|--|--|
| Debtor 1  | Tammy<br>First Name      | D.<br>Middle Name | Fair<br>Last Name            |  |  |  |
| Debtor 2<br>(Spouse, if filing                  | 3) First Name            | Middle Name       | Last Name                    |  |  |  |
| United States B                                 | ankruptcy Court for the: | Northern          | District of Illinois (State) |  |  |  |
| Case number (If known)                          |                          |                   | (State)                      |  |  |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par | Part 1: Identify the Property You Claim as Exempt   |   |   |  |  |  |  |  |
|-----|---|---|---|--|--|--|--|--|
| 1.  | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |   |  |  |  |  |  |
|     | Brief description of the property and line on Schedule A/B that lists this property   | Current value of<br>the portion you<br>own  Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption           |  |  |  |  |
|     | Brief description: Chevrolet , Malibu, 2011 Line from Schedule A/B: 03  | \$5,600.00  | \$0  100% of fair market value, up to any applicable statutory limit      | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |  |  |  |  |
|     | Brief description: misc clothing Line from Schedule A/B: 11   | \$150.00  | \$150.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a)                        |  |  |  |  |
| 3.  | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every)  No No No No Yes. Did you acquire the property covered Yes  | 3 years after that for ca   |   |  |  |  |  |  |

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| Debtor 1 | Tammy D.   |   | Fair Case number (if known  | )                                  |
|----------|--|---|---|------------------------------------|
|          | First Name Midd  | le Name   | Last Name   |                                    |
| Part 2:  | Additional Page  |   |   |                                    |
| line     | ef description of the property and<br>on Schedule A/B that lists this<br>perty | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |
| Line     | of cription:  misc household goods e from ledule A/B: 06                       | \$400.00  | \$400.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Line     | of cription:  misc electronics e from edule A/B: 07                            | \$200.00  | \$200.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Line     | cription:  Chase From ledule A/B:  17  | \$1.00  | \$1.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |

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|                              |   |   |  |  | _   |  |                                   |
|------------------------------|---|---|--|--|---|--|-----------------------------------|
| Fill in                      | this inform                                   | nation to identify your case  | 9:   |  |   |  |                                   |
| Debto                        | or 1  | Tammy   | D.   | Fair   |   |  |                                   |
|                              |   | First Name  | Middle Name  | Last Name  |   |  |                                   |
| Debto                        |   | <u> </u>  |  |  |   |  |                                   |
| (Spou                        | ise, if filing                                | ) First Name  | Middle Name  | Last Name  |   |  |                                   |
| United                       | d States B                                    | ankruptcy Court for the:  | Northern   | District of Illinois (State)   |   |  |                                   |
| Case<br>(If kno              | number<br>wn)                                 |   |  | (State)  |   |  |                                   |
| Offi                         | icial F                                       | Form 106D   |  |  | l   |  | Check if this is a amended filing |
| ScI                          | hedu  | le D: Credit  | ors Who Ha   | ve Claims Secur  | ed by Pro   | perty  | 12/1                              |
| space<br>and ca<br>1. [<br>[ | is needed<br>ase numb<br>Do any cro<br>No. Cl | d, copy the Additional P<br>er (if known).<br>editors have claims secu  | rage, fill it out, number the ured by your property?  this form to the court with your | e are filing together, both are equal<br>te entries, and attach it to this forn<br>our other schedules. You have nothing | n. On the top of any a  | additional pages, wri                                  |                                   |
| Part 1                       |   |   |  |  |   |  | 2 / 2                             |
| 2.                           | for each o                                    | claim. If more than one cre   |  | red claim, list the creditor separately<br>n, list the other creditors in Part 2. As<br>ng to the creditor's name.       | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1                          | Creditor's                                    | INTINGTON DR  | 062 Automobile   | that secures the claim: the claim is: Check all that apply.  | \$9,926.00  | \$5,600.00   | \$4,326.00                        |
|                              | Debt Debt Debt At lea                         | Illinois 60409 State ZIP Code es the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and | car loan)  Statutory lien (such  | made (such as mortgage or secured as tax lien, mechanic's lien)  |   |  |                                   |
|                              |   | ck if this claim relates community debt to twas 10/1/2013   | Judgment lien from Other (including a ri  Last 4 digits of accou                       | ight to offset)  |   |  |                                   |
|                              |   |   | vour entries in Column   | A on this page. Write that   | \$9.926.00  |  |                                   |

number here:

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| Fill                                   | in this inform  | ation to identify your cas   | se:  |  |  |   |   |  |
|--|---|--|--|--|--|---|---|--|
| Deb                                    | otor 1  | Tammy  | D.   | Fair   |  |   |   |  |
|  |   | First Name   | Middle Name  | Last Name  | _  |   |   |  |
|  | otor 2  |  | 84° 1 H - 81   |  | _  |   |   |  |
| (Sp                                    | ouse, it filing   | ) First Name   | Middle Name  | Last Name  |  |   |   |  |
| Unit                                   | ted States B  | ankruptcy Court for the:   | Northern   | District of Illinois   | _  |   |   |  |
| Car                                    | se number   |  |  | (State)  |  |   |   |  |
|  | nown)   |  |  |  | _  |   |   |  |
| Off                                    | ficial F  | orm 106E/F   |  |  |  | Ch  | neck if this is a                                       | n amended filing                           |
|  |   |  | 114 1871   |  |  | _   |   |  |
| Sc                                     | chedu   | ile E/F: Cre   | editors Who  | Have Unsecu  | ired Claims  |   |   | 12/15                                      |
| party<br>106A<br>that<br>entri<br>knov | y to any exe<br>VB) and on<br>are listed ir<br>es in the bo<br>vn). | cutory contracts or un<br>Schedule G: Executor<br>a Schedule D: Creditor<br>oxes on the left. Attach | expired leases that could<br>by Contracts and Unexpire<br>s Who Hold Claims Secu               | ors with PRIORITY claims and result in a claim. Also list extend Leases (Official Form 1060 and by Property. If more spars this page. On the top of any S                                  | ecutory contracts on <i>Sch</i><br>6). Do not include any cre<br>ce is needed, copy the Pa | nedule A/B<br>editors with<br>art you nee | e: Property (O<br>h partially sec<br>ed, fill it out, r | fficial Form<br>cured claims<br>number the |
| 1.                                     | Do anv cr   | editors have priority ur   | nsecured claims against y  | ou?  |  |   |   |  |
|  | _   | o to Part 2.   | ,  |  |  |   |   |  |
|  | Yes.  |  |  |  |  |   |   |  |
| 2.                                     | listed, iden<br>much as p<br>Continuation                           | tify what type of claim it is<br>ossible, list the claims in<br>on Page of Part 1. If mor            | s. If a claim has both priority<br>alphabetical order according<br>e than one creditor holds a | nore than one priority unsecured<br>and nonpriority amounts, list tha<br>g to the creditor's name. If you h<br>particular claim, list the other cro<br>or this form in the instruction boo | at claim here and show both<br>have more than two priority<br>editors in Part 3.           | n priority an                             | d nonpriority a   | mounts. As                                 |
|  |   |  |  |  |  | Total claim                               | Priority amount   | Nonpriority amount                         |

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| Debto  | or 1     | Tammy D  |                                | Fair        | Case number (if known)   |                 |
|--------|----------|--|--------------------------------|-------------|--|-----------------|
|        |          | First Name N   | Middle Name                    | Last Nam    | ne   |                 |
| Part 2 | 2:       | <b>List All of Your NONPRIOR</b>                     | RITY Unsecured Cla             | aims        |  |                 |
| 3. I   | Dο       | any creditors have nonpriority un                    | secured claims agains          | t vou?      |  |                 |
| ٠. i   |          | No. You have nothing to report in th                 | =                              | -           | urt with your other schedules  |                 |
|        | =        | • .  | iis part. Submit tilis loim t  | o ii ie coc | uit with your other schedules.   |                 |
|        | <b>✓</b> | Yes.   |                                |             |  |                 |
|        |          |  |                                |             | der of the creditor who holds each claim. If a creditor has more t   |                 |
|        |          |  |                                |             | n listed, identify what type of claim it is. Do not list claims already in                                 |                 |
|        |          | •  | ılar claim, list the other cre | editors in  | Part 3.lf you have more than four priority unsecured claims fill out t                                     | he Continuation |
| ŀ      | ag       | e of Part 2.   |                                |             |  |                 |
|        |          |  |                                |             |  | Total claim     |
| 4.1    |          | ty of Blue Island                                    |                                | I:          | ast 4 digits of account number   | \$100.00        |
|        |          | onpriority Creditor's Name                           |                                |             |  |                 |
|        |          | 051 Greenwood Ave<br>umber Street                    |                                | v           | When was the debt incurred?n/a   |                 |
|        | 140      | diffeet Street                                       |                                | A           | s of the date you file, the claim is: Check all that apply.  |                 |
|        | _        |  |                                | — г         | Contingent   |                 |
|        |          |  |                                | F           | Unliquidated   |                 |
|        | Ci       | ue Island Illinois<br>tv State                       | 60406<br>Zip Code              | —           | <b>=</b>   |                 |
|        |          | ly State<br>Tho incurred the debt? Check one         | •                              | ∟           | Disputed   |                 |
|        | Ü        | Debtor 1 only  | ·•                             | Ty          | ype of NONPRIORITY unsecured claim:  |                 |
|        | È        | Debtor 2 only  |                                | Г           | Student loans  |                 |
|        | H        |  |                                | F           | Obligations arising out of a separation agreement or divorce   |                 |
|        | L        | Debtor 1 and Debtor 2 only                           |                                |             | that you did not report as priority claims   |                 |
|        |          | At least one of the debtors and and                  | other                          | Г           | Debts to pension or profit-sharing plans, and other similar  |                 |
|        |          | Check if this claim relates to a                     | community debt                 | _           | debts  |                 |
|        | ls       | the claim subject to offset?                         | •                              | <b>-</b>    | Other. Specify past due  |                 |
|        | V        | No   |                                |             |  |                 |
|        | Ē        | Yes  |                                |             |  |                 |
| -      |          | -  |                                |             |  |                 |
| 4.2    |          | ty of Chicago Parking onpriority Creditor's Name     |                                | — L         | ast 4 digits of account number   | \$364.00        |
|        |          | 1 N. LaSalle St # 107A                               |                                | V           | When was the debt incurred? n/a  |                 |
|        | Νι       | umber Street   |                                |             |  |                 |
|        | _        |  |                                | A:          | s of the date you file, the claim is: Check all that apply.  |                 |
|        | C        | nicago Illinois                                      | 60602                          | L           | Contingent   |                 |
|        | Ci       |  | Zip Code                       | — [         | Unliquidated   |                 |
|        | W        | <u>ho incurred the debt?</u> Check one               | ).                             |             | Disputed   |                 |
|        | ✓        | Debtor 1 only  |                                | т.          | ype of NONPRIORITY unsecured claim:  |                 |
|        |          | Debtor 2 only  |                                | .,          | ··   |                 |
|        | F        | Debtor 1 and Debtor 2 only                           |                                | <u> </u>    | Student loans  |                 |
|        | H        | At least one of the debtors and and                  | other                          | L           | Obligations arising out of a separation agreement or divorce   |                 |
|        | H        |  |                                | _           | that you did not report as priority claims   |                 |
|        |          | Check if this claim relates to a                     | community debt                 | L           | Debts to pension or profit-sharing plans, and other similar debts  |                 |
|        |          | the claim subject to offset?                         |                                | Ī.          |  |                 |
|        | ✓        | ' No   |                                | L           | past date  |                 |
|        |          | Yes  |                                |             |  |                 |
| 4.3    | C        | OMENITY BANK/DOTS                                    |                                |             | and delimite of annual country   | \$546.00        |
|        | No       | onpriority Creditor's Name                           |                                |             | ast 4 digits of account number   | φο 10.00        |
|        | _        | D BOX 182789   |                                | v           | When was the debt incurred? 12/1/2013  |                 |
|        | INI      | umber Street   |                                | A           | s of the date you file, the claim is: Check all that apply.  |                 |
|        | _        |  |                                | — F         | Contingent   |                 |
|        |          | OLUMBUS Ohio   | 43218                          |             |  |                 |
|        | Ci       | •  | Zip Code                       | <u> </u>    | Unliquidated   |                 |
|        |          | <b>ho incurred the debt?</b> Check one Debtor 1 only | ).                             | L           | Disputed   |                 |
|        | ¥        | <u> </u>   |                                | Ty          | ype of NONPRIORITY unsecured claim:  |                 |
|        | Ļ        | Debtor 2 only  |                                | Г           | Student loans  |                 |
|        |          | Debtor 1 and Debtor 2 only                           |                                | F           |  |                 |
|        | Г        | At least one of the debtors and and                  | other                          |             | Obligations arising out of a separation agreement or divorce<br>that you did not report as priority claims |                 |
|        | F        | Check if this claim relates to a                     | community debt                 | Г           | Debts to pension or profit-sharing plans, and other similar  |                 |
|        | <u></u>  |  | community uebt                 | <u> </u>    | debts  |                 |
|        |          | the claim subject to offset?                         |                                | V           | Other. Specify CreditCard  |                 |
|        | ¥        | =  |                                |             | _  |                 |
|        | L        | Yes  |                                |             |  |                 |

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| Debto  |  | Fair Case number (if known)   |             |  |  |  |
|--------|--|---|-------------|--|--|--|
|        | First Name Middle Name   | Last Name   |             |  |  |  |
| Part 2 | Your NONPRIORITY Unsecured Claims - Cont<br>After listing any entries on this page, number them beginn |   | Total claim |  |  |  |
| 4.4    | CREDIT CNTRL Nonpriority Creditor's Name   | — Last 4 digits of account number5101   | \$125.00    |  |  |  |
|        | 5757 PHÁNTOM DR. SUITE 330   | When was the debt incurred? 6/1/2015  |             |  |  |  |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|        | HAZELWOOD Montana 63042  | Contingent  |             |  |  |  |
|        | City State Zip Code  | Unliquidated  |             |  |  |  |
|        | Who incurred the debt? Check one.  Debtor 1 only   | Disputed  |             |  |  |  |
|        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|        | Debtor 1 and Debtor 2 only   | Student loans   |             |  |  |  |
|        | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |             |  |  |  |
|        | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |  |
|        | Is the claim subject to offset?  | Collection; Collecting for  |             |  |  |  |
|        | ✓ No  Yes  | ORIGINAL CREDITOR: Other. Specify MEDICAL   |             |  |  |  |
| 4.5    | FED LOAN SERV  | — Last 4 digits of account number 0013  | \$71,353.00 |  |  |  |
|        | Nonpriority Creditor's Name<br>P.O. Box 60610  | When was the debt incurred? 3/1/2016  |             |  |  |  |
|        | Number Street  | <del></del>   |             |  |  |  |
|        |  | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|        | Harrisburg Pennsylvania 17106  | Contingent  |             |  |  |  |
|        | City State Zip Code  | Unliquidated  |             |  |  |  |
|        | Who incurred the debt? Check one.  Debtor 1 only   | Disputed  |             |  |  |  |
|        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|        | Debtor 1 and Debtor 2 only   | ✓ Student loans   |             |  |  |  |
|        | At least one of the debtors and another  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |  |  |  |
|        | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |  |
|        | Is the claim subject to offset?  | Other. Specify  |             |  |  |  |
|        | ✓ No  Yes  | _   |             |  |  |  |
| 4.6    | Fingerhut Nonpriority Creditor's Name  | Last 4 digits of account number   | \$465.00    |  |  |  |
|        | 6250 Ridgewood Road  | When was the debt incurred?n/a  |             |  |  |  |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|        | Ot Olavel  | Contingent  |             |  |  |  |
|        | St. Cloud Minnesota 56303 City State Zip Code  | Unliquidated  |             |  |  |  |
|        | Who incurred the debt? Check one.  Debtor 1 only   | Disputed  |             |  |  |  |
|        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|        | Debtor 1 and Debtor 2 only   | Student loans   |             |  |  |  |
|        | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |             |  |  |  |
|        | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar   |             |  |  |  |
|        | Is the claim subject to offset?  | debts  Other. Specify past due  |             |  |  |  |
|        | Yes  |   |             |  |  |  |

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| Debto  |  | Fair Case number (if known)  |             |  |  |  |
|--------|--|--|-------------|--|--|--|
|        | First Name Middle Name                                     | Last Name  |             |  |  |  |
| Part 2 | Your NONPRIORITY Unsecured Claims - Cont                   | tinuation Page   |             |  |  |  |
|        | After listing any entries on this page, number them beginn | ing with 4.5, followed by 4.6, and so forth.   | Total claim |  |  |  |
| 4.7    | GENERAL REVENUE CORP                                       | Last 4 digits of account number 1149   | \$1,884.00  |  |  |  |
|        | Nonpriority Creditor's Name<br>4660 DUKE DR STE 300        | When was the debt incurred? 1/1/2016   |             |  |  |  |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.   |             |  |  |  |
|        |  | Contingent   |             |  |  |  |
|        | MASON Ohio 45040   | Unliquidated   |             |  |  |  |
|        | City State Zip Code Who incurred the debt? Check one.      | Disputed   |             |  |  |  |
|        | Debtor 1 only  | Type of NONPRIORITY unsecured claim:   |             |  |  |  |
|        | Debtor 2 only  | Student loans  |             |  |  |  |
|        | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce   |             |  |  |  |
|        | At least one of the debtors and another                    | that you did not report as priority claims   |             |  |  |  |
|        | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts  |             |  |  |  |
|        | Is the claim subject to offset?                            | ✓ 001 Collection; Collecting for   |             |  |  |  |
|        | ✓ No   | ORIGINAL CREDITOŘ: Other. Specify NATIONAL-LOUIS UNIV  |             |  |  |  |
|        | Yes  | Other: SpecifyNATIONAL-LOUIS ONLY  |             |  |  |  |
| 4.8    | GINNY'S INC Nonpriority Creditor's Name                    | Last 4 digits of account number 3701   | \$387.00    |  |  |  |
|        | 1112 7TH AVE POB 2816                                      | When was the debt incurred? 3/1/2014   |             |  |  |  |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.   |             |  |  |  |
|        |  | Contingent   |             |  |  |  |
|        | MONROE Wisconsin 53566 City State Zip Code                 | — Unliquidated   |             |  |  |  |
|        | Who incurred the debt? Check one.                          | Disputed   |             |  |  |  |
|        | Debtor 1 only  | Type of NONPRIORITY unsecured claim:   |             |  |  |  |
|        | Debtor 2 only  | Student loans  |             |  |  |  |
|        | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce   |             |  |  |  |
|        | At least one of the debtors and another                    | that you did not report as priority claims   |             |  |  |  |
|        | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts  |             |  |  |  |
|        | Is the claim subject to offset?                            | ✓ Other. Specify <u>CreditCard</u>   |             |  |  |  |
|        | ✓ No   | _  |             |  |  |  |
| 40     | LIARRIC & LIARRIC LTD                                      |  | 40.00       |  |  |  |
| 4.9    | HARRIS & HARRIS LTD  Nonpriority Creditor's Name           | Last 4 digits of account number  | \$0.00      |  |  |  |
|        | 111 W Jackson Blvd #400<br>Number Street                   | When was the debt incurred?n/a   |             |  |  |  |
|        |  | As of the date you file, the claim is: Check all that apply.   |             |  |  |  |
|        |  | Contingent   |             |  |  |  |
|        | Chicago Illinois 60604                                     | Unliquidated   |             |  |  |  |
|        | City State Zip Code Who incurred the debt? Check one.      | Disputed   |             |  |  |  |
|        | Debtor 1 only  | Type of NONPRIORITY unsecured claim:   |             |  |  |  |
|        | Debtor 2 only  | Student loans  |             |  |  |  |
|        | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce<br>that you did not report as priority claims |             |  |  |  |
|        | At least one of the debtors and another                    | Debts to pension or profit-sharing plans, and other similar  |             |  |  |  |
|        | Check if this claim relates to a community debt            | debts  Other Specify potice only   |             |  |  |  |
|        | Is the claim subject to offset?                            | Outer: Specify Houce only  |             |  |  |  |
|        | Yes  |  |             |  |  |  |
|        | No No  | ✓ Other. Specify <u>notice only</u>  |             |  |  |  |

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| Debtor  |   |   |             |  |  |  |
|---------|---|---|-------------|--|--|--|
|         |   | st Name   |             |  |  |  |
| Part 2: | Your NONPRIORITY Unsecured Claims - Contin                    | uation Page   |             |  |  |  |
|         | After listing any entries on this page, number them beginning | ng with 4.5, followed by 4.6, and so forth.   | Total claim |  |  |  |
| 4.10    | IDAPP<br>Nonpriority Creditor's Name                          | Last 4 digits of account number   |             |  |  |  |
|         | Po Box 15618  | When was the debt incurred?n/a  |             |  |  |  |
|         | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|         | M/Indicate A0050  | Contingent  |             |  |  |  |
|         | Wilmington Delaware 19850 City State Zip Code                 | Unliquidated  |             |  |  |  |
|         | Who incurred the debt? Check one.                             | Disputed  |             |  |  |  |
|         | Debtor 1 only Debtor 2 only                                   | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|         | Debtor 1 and Debtor 2 only                                    | Student loans   |             |  |  |  |
|         | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |
|         | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar   |             |  |  |  |
|         | Is the claim subject to offset?                               | debts  ✓ Other. Specify Wage garnishment  |             |  |  |  |
|         | ✓ No  | Other. Specify wage garnishment   |             |  |  |  |
|         | Yes   |   |             |  |  |  |
| 4.11    | ILLIANA FINANCIAL CRED  | Last 4 digits of account number 4145  | \$505.00    |  |  |  |
|         | Nonpriority Creditor's Name<br>1600 HUNTINGTON DR             | When was the debt incurred? 3/1/2014  |             |  |  |  |
|         | Number Street   |   |             |  |  |  |
|         |   | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|         | CALUMET CITY Illinois 60409                                   | Contingent  |             |  |  |  |
|         | City State Zip Code   | Unliquidated  |             |  |  |  |
|         | Who incurred the debt? Check one.                             | Disputed  |             |  |  |  |
|         | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|         | Debtor 2 only   | Student loans   |             |  |  |  |
|         | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce  |             |  |  |  |
|         | At least one of the debtors and another                       | that you did not report as priority claims  |             |  |  |  |
|         | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |             |  |  |  |
|         | Is the claim subject to offset?                               | Other. Specify 025 InstallmentLoan  |             |  |  |  |
|         | ✓ No  |   |             |  |  |  |
|         | Yes   |   |             |  |  |  |
| 4.12    | LVNV FUNDING LLC Nonpriority Creditor's Name                  | Last 4 digits of account number 9087  | \$501.00    |  |  |  |
|         | 544 Mulberry St Ste 800                                       | When was the debt incurred? 1/1/2016  |             |  |  |  |
|         | Number Street   |   |             |  |  |  |
|         |   | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|         | Macon Georgia 31201   | Contingent  |             |  |  |  |
|         | City State Zip Code   | Unliquidated  |             |  |  |  |
|         | Who incurred the debt? Check one.  Debtor 1 only              | ☐ Disputed  |             |  |  |  |
|         | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|         | Debtor 1 and Debtor 2 only                                    | Student loans   |             |  |  |  |
|         | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |
|         | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |             |  |  |  |
|         | Is the claim subject to offset?                               | ✓ Other. Specify 001 UnknownLoanType  |             |  |  |  |
|         | ✓ No  |   |             |  |  |  |
|         | Yes   |   |             |  |  |  |

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| Debtor  |  |   |             |  |  |  |
|---------|--|---|-------------|--|--|--|
|         |  | st Name   |             |  |  |  |
| Part 2: | Your NONPRIORITY Unsecured Claims - Contin   | uation Page   |             |  |  |  |
|         | After listing any entries on this page, number them beginning  | ng with 4.5, followed by 4.6, and so forth.   | Total claim |  |  |  |
| 4.13    | MCSI INC Nonpriority Creditor's Name   | Last 4 digits of account number7563   | \$250.00    |  |  |  |
|         | PO BOX 327   | When was the debt incurred? 4/1/2011  |             |  |  |  |
|         | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|         |  | Contingent  |             |  |  |  |
|         | PALOS HEIGHTS Illinois 60463   | Unliquidated  |             |  |  |  |
|         | City State Zip Code Who incurred the debt? Check one.  | Disputed  |             |  |  |  |
|         | ✓ Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|         | Debtor 2 only  |   |             |  |  |  |
|         | Debtor 1 and Debtor 2 only   | Student loans   |             |  |  |  |
|         | At least one of the debtors and another  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |  |  |  |
|         | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar   |             |  |  |  |
|         | Is the claim subject to offset?  | debts  Collection; Collecting for   |             |  |  |  |
|         | <u>✓</u> No  | ORIGINAL CREDITOR: 01   |             |  |  |  |
|         | ☐ Yes  | Other. Specify VILLAGE OF RIVERDALE   |             |  |  |  |
| 4.14    | MCSI INC   | Last 4 digits of account number 5306  | \$200.00    |  |  |  |
|         | Nonpriority Creditor's Name<br>PO BOX 327  | When was the debt incurred? 8/1/2011  |             |  |  |  |
|         | Number Street  | As of the date vary file the claim in Check all that apply  |             |  |  |  |
|         |  | As of the date you file, the claim is: Check all that apply.  Contingent  |             |  |  |  |
|         | PALOS HEIGHTS Illinois 60463   |   |             |  |  |  |
|         | City State Zip Code Who incurred the debt? Check one.  | Unliquidated  |             |  |  |  |
|         | Debtor 1 only  | Disputed  |             |  |  |  |
|         | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|         | Debtor 1 and Debtor 2 only   | Student loans   |             |  |  |  |
|         | At least one of the debtors and another  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |  |  |  |
|         | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |  |
|         | Is the claim subject to offset?  | Collection; Collecting for  |             |  |  |  |
|         |  | ORIGINAL CREDITOR: 01 Other. Specify VILLAGE OF RIVERDALE RL  |             |  |  |  |
|         | Yes  |   |             |  |  |  |
| 4.15    | MRSI<br>Nonpriority Creditor's Name  | Last 4 digits of account number 0105  | \$200.00    |  |  |  |
|         | 2250 E DÉVON AVE STE 352   | When was the debt incurred? 2/1/2014  |             |  |  |  |
|         | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|         | DEC DI AINIEO III de contra de contr | Contingent  |             |  |  |  |
|         | DES PLAINES Illinois 60018 City State Zip Code   | Unliquidated  |             |  |  |  |
|         | Who incurred the debt? Check one.  | Disputed  |             |  |  |  |
|         | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|         | Debtor 2 only  | Student loans   |             |  |  |  |
|         | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |  |  |  |
|         | At least one of the debtors and another  | that you did not report as priority claims  |             |  |  |  |
|         | Check if this claim relates to a community debt  | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>   |             |  |  |  |
|         | Is the claim subject to offset?  | ✓ 001 Collection; Collecting for  |             |  |  |  |
|         | Yes  | ORIGINAL CREDITOR: Other. Specify MEDICAL PAYMENT DATA  |             |  |  |  |
|         |  |   |             |  |  |  |

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| Debtor  |  | Fair Case number (if known)   |             |  |  |  |
|---------|--|---|-------------|--|--|--|
|         | First Name Middle Name L                                   | Last Name   |             |  |  |  |
| Part 2: | Your NONPRIORITY Unsecured Claims - Conti                  | nuation Page  |             |  |  |  |
|         | After listing any entries on this page, number them beginn | ing with 4.5, followed by 4.6, and so forth.  | Total claim |  |  |  |
| 4.16    | NATIONWIDE CREDIT & CO Nonpriority Creditor's Name         | Last 4 digits of account number 8915  | \$175.00    |  |  |  |
|         | 815 COMMERCE DR STE 270                                    | When was the debt incurred?1/1/2016   |             |  |  |  |
|         | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|         |  | Contingent  |             |  |  |  |
|         | OAK BROOK Illinois 60523 City State Zip Code               | Unliquidated  |             |  |  |  |
|         | City State Zip Code Who incurred the debt? Check one.      | Disputed  |             |  |  |  |
|         | Debtor 1 only  | <u> </u>  |             |  |  |  |
|         | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|         | Debtor 1 and Debtor 2 only                                 | Student loans   |             |  |  |  |
|         | At least one of the debtors and another                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |  |  |  |
|         | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |  |
|         | Is the claim subject to offset?                            | ✓ 001 Collection; Collecting for  |             |  |  |  |
|         | ✓ No  ☐ Yes  | ORIGINAL CREDITOR: Other. Specify MEDICAL PAYMENT DATA  |             |  |  |  |
| 4.17    | NTL ACCT SRV   |   | \$375.00    |  |  |  |
| 4.17    | Nonpriority Creditor's Name                                | Last 4 digits of account number 7254  | \$375.00    |  |  |  |
|         | 1246 University # 421                                      | When was the debt incurred? 12/1/2012   |             |  |  |  |
|         | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|         |  | Contingent  |             |  |  |  |
|         | Saint Paul Minnesota 55104 City State Zip Code             | Unliquidated  |             |  |  |  |
|         | Who incurred the debt? Check one.                          | Disputed  |             |  |  |  |
|         | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|         | Debtor 2 only  | <u></u>   |             |  |  |  |
|         | Debtor 1 and Debtor 2 only                                 | Student loans   |             |  |  |  |
|         | At least one of the debtors and another                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |  |  |  |
|         | Check if this claim relates to a community debt            | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>   |             |  |  |  |
|         | Is the claim subject to offset?                            | Collection; Collecting for  |             |  |  |  |
|         | ✓ No  Yes  | ORIGINAL CREDITOR: FIFTH Other. Specify THIRD BANK  |             |  |  |  |
| 4.18    | Seventh Avenue c/o Creditors Bankruptcy Service            | Last 4 digits of account number   | \$60.00     |  |  |  |
|         | Nonpriority Creditor's Name<br>P.O. Box 800849             | When was the debt incurred?   |             |  |  |  |
|         | Number Street  |   |             |  |  |  |
|         |  | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|         | Dallas Texas 75380   | Contingent  |             |  |  |  |
|         | City State Zip Code  | Unliquidated  |             |  |  |  |
|         | Who incurred the debt? Check one.  Debtor 1 only           | Disputed  |             |  |  |  |
|         | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|         | Debtor 1 and Debtor 2 only                                 | Student loans   |             |  |  |  |
|         | At least one of the debtors and another                    | <ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify past due</li> </ul> |             |  |  |  |
|         | Check if this claim relates to a community debt            |   |             |  |  |  |
|         | Is the claim subject to offset?                            |   |             |  |  |  |
|         | <u>✓</u> No  | Past add  |             |  |  |  |
|         | Yes  |   |             |  |  |  |

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| Debtor  | 1 Tammy D.   | Fair                | Case number (if known)  |             |  |
|---------|--|---------------------|---|-------------|--|
|         | First Name Middle Name                                   | Last Name           |   |             |  |
| Part 2: |  |                     |   |             |  |
|         | After listing any entries on this page, number them begi | nning with 4.5, fol | bllowed by 4.6, and so forth.   | Total claim |  |
| 4.19    | Stoneberry Nonpriority Creditor's Name                   | Last 4 dig          | gits of account number  | \$135.00    |  |
|         | P.O. Box 2820<br>Number Street                           | When was            | s the debt incurred?n/a   |             |  |
|         | Number Street  | As of the           | date you file, the claim is: Check all that apply.  |             |  |
|         |  | Contin              | ngent   |             |  |
|         | Monroe Wisconsin 53566                                   | Unliqu              | uidated   |             |  |
|         | City State Zip Code                                      | Disput              | ited  |             |  |
|         | Who incurred the debt? Check one.  Debtor 1 only         | Type of NO          | ONPRIORITY unsecured claim:   |             |  |
|         | Debtor 2 only  | Studer              | ent loans   |             |  |
|         | Debtor 1 and Debtor 2 only                               |                     | ations arising out of a separation agreement or divorce ou did not report as priority claims    |             |  |
|         | At least one of the debtors and another                  | Debts               | s to pension or profit-sharing plans, and other similar   |             |  |
|         | Check if this claim relates to a community debt          | debts               |   |             |  |
|         | Is the claim subject to offset?                          | ✓ Other.            | r. Specify <u>past due</u>  |             |  |
|         | ✓ No   |                     |   |             |  |
|         | Yes  |                     |   |             |  |
| 4.20    | Village of Dolton Nonpriority Creditor's Name            | —— Last 4 dig       | gits of account number  | \$100.00    |  |
|         | 14122 Chicago Road                                       | When was            | s the debt incurred?n/a   |             |  |
|         | Number Street  | As of the           | date you file, the claim is: Check all that apply.  |             |  |
|         |  | Contin              | Contingent  |             |  |
|         | Dolton Illinois 60419                                    | Unliqu              | uidated   |             |  |
|         | City State Zip Code                                      | Disput              | uted  |             |  |
|         | Who incurred the debt? Check one.  Debtor 1 only         | Type of NO          | ONPRIORITY unsecured claim:   |             |  |
|         | Debtor 2 only  | Studer              | ent loans   |             |  |
|         | Debtor 1 and Debtor 2 only                               | Obliga              | ations arising out of a separation agreement or divorce ou did not report as priority claims    |             |  |
|         | At least one of the debtors and another                  |                     | ou did not report as priority claims<br>s to pension or profit-sharing plans, and other similar |             |  |
|         | Check if this claim relates to a community debt          | debts               |   |             |  |
|         | Is the claim subject to offset?                          | ✓ Other.            | r. Specify <u>past due</u>  |             |  |
|         | ✓ No   |                     |   |             |  |
|         | Yes  |                     |   |             |  |

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Fair Debtor 1 Tammy Case number (if known) First Name Last Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were \$0.00 intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that 6d. amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$71,353.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or \$0.00 divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$6,372.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$77,725.00 6j. Total. Add lines 6f through 6i. 6j.

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| Debtor 1       | Tammy                       | D.          | Fair                 |
|----------------|-----------------------------|-------------|----------------------|
|                | First Name                  | Middle Name | Last Name            |
| Debtor 2       |                             |             |                      |
| (Spouse, if fi | ling) First Name            | Middle Name | Last Name            |
| United State   | s Bankruptcy Court for the: | Northern    | District of Illinois |
|                |                             |             | (State)              |
| Case number    | r                           |             |                      |
| (If known)     |                             |             |                      |

| Check if this is an |
|---------------------|
| amended filing      |

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this info         | rmation to identify your cas | se:                              |                                |   |
|---------------------------|------------------------------|----------------------------------|--------------------------------|---|
| Debtor 1                  | Tammy                        | D.                               | Fair                           |   |
|                           | First Name                   | Middle Name                      | Last Name                      |   |
| Debtor 2                  | \                            |                                  |                                |   |
| (Spouse, if filli         | <sup>ng)</sup> First Name    | Middle Name                      | Last Name                      |   |
| United States             | Bankruptcy Court for the:    | Northern                         | District of Illinois           |   |
|                           |                              |                                  | (State)                        |   |
| Case number<br>(If known) |                              |                                  |                                |   |
| (II KIIOWII)              |                              |                                  |                                | Check if this is a  |
|                           |                              |                                  |                                | amended filing  |
| Official                  | Form 106H                    |                                  |                                | <b>3</b>  |
|                           | <del></del>                  |                                  |                                |   |
| Schedu                    | ile H: Your Co               | odebtors                         |                                | 12/1  |
| Codebtors are             | neonle or entities who       | are also liable for any debt     | s you may have Re as cor       | nplete and accurate as possible. If two married people are filing     |
|                           |                              |                                  |                                | needed, copy the Additional Page, fill it out, and number the         |
| entries in the            | boxes on the left. Attach    |                                  |                                | Additional Pages, write your name and case number (if known)          |
| Answer every              | question.                    |                                  |                                |   |
| 1. Do you h               | nave any codebtors? (If y    | ou are filing a joint case, do i | not list either spouse as a co | debtor.)  |
| <b>✓</b> No               |                              |                                  |                                |   |
| Yes                       |                              |                                  |                                |   |
| 2. Within th              | ne last 8 years, have you    | lived in a community prop        | erty state or territory? (Co   | ommunity property states and territories include Arizona, California, |
|                           |                              | ico, Puerto Rico, Texas, Was     |                                |   |
| ✓ No.                     | Go to line 3.                |                                  |                                |   |
| Yes.                      | . Did your spouse, former s  | pouse, or legal equivalent liv   | e with you at the time?        |   |
|                           | No                           |                                  |                                |   |
|                           | Yes. In which community      | state or territory did you live? | Fill ir                        | the name and current address of that person.                          |
|                           |                              |                                  |                                |   |
|                           | Name of your spouse, f       | ormer spouse, or legal equiv     | alent                          | <del>_</del>  |
|                           |                              |                                  |                                |   |
|                           | Number Street                |                                  |                                |   |
|                           |                              |                                  |                                | _   |
|                           | City                         | State                            | Zip Code                       |   |
| 3 In Colum                | un 1 liet all of your codol  | ntore. Do not include your       | engues as a codebtor if w      | our spouse is filing with you. List the person shown in line 2        |
|                           |                              |                                  |                                | ve listed the creditor on Schedule D (Official Form 106D),            |
|                           |                              |                                  |                                | ule D, Schedule E/F, or Schedule G to fill out Column 2.              |
|                           |                              |                                  |                                |   |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Official Form 106H Schedule H: Your Codebtors page 1

Column 1: Your codebtor

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|                        |   | D00                      | differit i          | age 54 c          | /I / I            |  |  |  |  |
|------------------------|---|--------------------------|---------------------|-------------------|-------------------|--|--|--|--|
| Fill in th             | nis information to identif  | y your case:             |                     |                   |                   |  |  |  |  |
| Debtor 1               | Tammy   | D.                       | Fair                |                   |                   |  |  |  |  |
|                        | First Name  | Middle Name              | Last Name           | е                 | _                 | Check if this is:                                |  |  |  |
| Debtor 2<br>(Spouse, i | if filing) First Name   | Middle Name              | Last Name           | e                 | _                 | An amended filing                                |  |  |  |
|                        |   | Northern                 | District of Illinoi |                   |                   | A supplement showing post-petition chapter 1     |  |  |  |
| Officed Sta            | ates Bankruptcy Court for the:  | NOTUTETTI                | State               |                   | _                 | expenses as of the following date:               |  |  |  |
| Case number (If known) |   |                          |                     |                   |                   | MM / DD / YYYY                                   |  |  |  |
| Officia                | al Form 106l  |                          |                     |                   |                   |  |  |  |  |
| Sche                   | dule I: Your Inc  | come                     |                     |                   |                   | 12/1   |  |  |  |
|                        | al pages, write your na   |                          | r (if known). A     | nswer eve         | ry question       | 1.   |  |  |  |
| 1.                     | Fill in your employment   |                          | Debtor 1            |                   |                   | Debtor 2   |  |  |  |
|                        | information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work. | Employment status        | <b>✓</b> Employed   |                   |                   | Employed   |  |  |  |
|                        |   |                          | Not Employed        |                   |                   | Not Employed                                     |  |  |  |
|                        |   | Occupation               |                     |                   |                   |  |  |  |  |
|                        |   | Employer's name          | TLC Learning        | Center & Pre      | school            |  |  |  |  |
|                        |   | Employer's address       | 2844 Burr Oak Ave   |                   |                   |  |  |  |  |
|                        |   |                          | Number Street       |                   |                   | Number Street                                    |  |  |  |
|                        | Occupation may include  |                          |                     |                   |                   |  |  |  |  |
|                        | student or homemaker, if it applies.  |                          | Blue Island<br>City | Illinois<br>State | 60406<br>Zip Code | City State Zip Code                              |  |  |  |
|                        |   | How long employed there? |                     |                   |                   |  |  |  |  |
|                        | Give Details About  | •                        | ou have nothing to  | report for any    | line write \$0 in | the space. Include your non-filing spouse unless |  |  |  |
| you are s              | separated.  |                          |                     |                   |                   | on on the lines below. If you need more space,   |  |  |  |
|                        | separate sheet to this form.  |                          |                     |                   | ebtor 1           | For Debtor 2 or                                  |  |  |  |
|                        |   |                          |                     | FOI D             | EDIOI I           | non-filing spouse                                |  |  |  |
|                        | t monthly gross wages, salaductions.) If not paid monthly, ca   |                          |                     |                   | \$2,329.04        | \$0.00   |  |  |  |

3. Estimate and list monthly overtime pay.4. Calculate gross income. Add line 2 + line 3.

+ \$0.00

\$0.00

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| Deptor 1 1al  |   | D.   | raii                | Case number (          | if known)                         |       |                         |
|---|---|--|---------------------|------------------------|-----------------------------------|-------|-------------------------|
| Fir   | st Name   | Middle Name  | Last Name           | For Debtor 1           | For Debtor 2 or non-filing spouse |       |                         |
| Copy line<br>→  | 4 here  |  | 4.                  | \$2,329.04             | \$0.00                            |       |                         |
|   | yroll deductions:   |  |                     |                        |                                   |       |                         |
| •   | •   | al Security deductions   | 5a.                 | \$264.68               | \$0.00                            |       |                         |
| •   | ·   | ns for retirement plans  | 5b.                 | \$0.00                 | \$0.00                            |       |                         |
| 5c. Volun   | ntary contributions   | s for retirement plans   | 5c.                 | \$21.67                | \$0.00                            |       |                         |
| 5d. <b>Requ</b>   | ired repayments o   | of retirement fund loans   | 5d.                 | \$0.00                 | \$0.00                            |       |                         |
| 5e. Insura  | ance  |  | 5e.                 | \$0.00                 | \$0.00                            |       |                         |
| 5f. Dome  | stic support oblig  | ations   | 5f.                 | \$0.00                 | \$0.00                            |       |                         |
| 5g. <b>Unio</b> i   | n dues  |  | 5g.                 | \$0.00                 | \$0.00                            |       |                         |
| 5h. Other   | deductions. Spec  | eify:  | _ 5h. +             | \$0.00 +               | \$0.00                            |       |                         |
| 6. <b>Add the p</b><br>+5h.   | ayroll deductions.  | Add lines 5a + 5b + 5c + 5d + 5e +5f   | + 5g 6.             | \$286.3 <u>5</u>       | \$0.00                            |       |                         |
| 7. Calculate  | total monthly take  | e-home pay. Subtract line 6 from line 4  | 1. 7.               | \$2,042.69             | \$0.00                            |       |                         |
| 8. List all oth   | her income regular  | rly received:  |                     |                        |                                   |       |                         |
| busin   | ess, profession, o  |  |                     |                        |                                   |       |                         |
| receip  |   | ch property and business showing gros<br>essary business expenses, and the total   |                     | \$0.00                 | \$0.00                            |       |                         |
| 8b. Intere  | est and dividends   |  | 8b.                 | \$0.00                 | \$0.00                            |       |                         |
| deper<br>Includ   | ndent regularly rec<br>le alimony, spousal s                                  | support, child support, maintenance,   |                     | 40.00                  | 00.00                             |       |                         |
|   | e settlement, and pro   | • •  | 8c.                 | \$0.00                 | \$0.00                            |       |                         |
|   | nployment comper  | nsation  | 8d.                 | \$0.00                 | \$1,748.00                        |       |                         |
|   | I Security  | 4  | 8e.                 | \$0.00                 | \$0.00                            |       |                         |
| Include<br>assista<br>the Su<br>subsid  | e cash assistance ar<br>ance that you receive<br>pplemental Nutrition<br>lies | stance that you regularly receive<br>nd the value (if known) of any non-cash<br>e, such as food stamps (benefits under<br>n Assistance Program) or housing |                     | \$0.00                 | \$0.00                            |       |                         |
|   | ion or retirement i   | ncome  |                     | \$0.00                 | \$0.00                            |       |                         |
| ŭ   |   | Specify:   | 8g.<br>8h. +        | \$0.00 +               | \$0.00                            |       |                         |
|   |   | nes 8a + 8b + 8c + 8d + 8e + 8f +8g +  |                     | \$0.00                 | \$1,748.00                        | Ì     |                         |
| 9. Add all of   | iller illicome Add illi   | ies da + db + dc + du + de + di +dg + i  | 511. 9. <u>L</u>    | φ0.00                  | ψ1,740.00                         | ì     | <b>.</b>                |
|   | e monthly income.<br>entries in line 10 for I                                 | Add line 7 + line 9.<br>Debtor 1 and Debtor 2 or non-filing spo  | 10                  | \$2,042.69             | \$1,748.00                        | =     | \$3,790.69              |
| Include co<br>relatives.  | ontributions from an  | tributions to the expenses that you<br>unmarried partner, members of your ho<br>already included in lines 2-10 or amount                                   | ousehold, your depe | ndents, your roommates | •                                 |       |                         |
| Specify:  |   |  |                     |                        |                                   | 11. + | \$0.00                  |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data. if it applies |   |  |                     |                        |                                   |       | \$3,790.69              |
| TTHO WAL  | aourit on the ouri  | y 31 Seriodaios dira statutudi Guiri   | a.y o. cortain Elak | sso and related Data,  | appiloo                           |       | Combined monthly income |
| 13. <b>Do you e</b>   | expect an increase  | or decrease within the year after yo   | ou file this form?  |                        |                                   |       |                         |
| Yes.  | Explain:  |  |                     |                        |                                   |       |                         |

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| Fill in this infor        | mation to identify your ca                       | se:  |   |                        |                     |               |
|---------------------------|--|--|---|------------------------|---------------------|---------------|
| Debtor 1                  | Tammy  | D.   | Fair  |                        |                     |               |
|                           | First Name                                       | Middle Name  | Last Name   |                        |                     |               |
| Debtor 2                  |  |  |   | Check if this is:      |                     |               |
| (Spouse, if filin         | 9) First Name                                    | Middle Name  | Last Name   | An amended filing      | j                   |               |
| United States I           | Bankruptcy Court for the:                        | Northern   | District of Illinois  | A supplement sho       | owing post-petition | on chapter 13 |
| Case number               |  |  | (State)   | expenses as of th      | e following date:   |               |
| (If known)                |  |  | _   | MM / DD / YYYY         | <del> </del>        |               |
| Official                  | Form 106J  |  |   |                        |                     |               |
| -                         | le J: Your E                                     | xpenses  |   |                        |                     | 12/15         |
|                           |  | •  | e filing together, both are equally                                 | responsible for supply | ing correct         |               |
| information. If           |  |  | form. On the top of any additiona                                   |                        |                     | umber         |
|                           | cribe Your Housel                                | aald   |   |                        |                     |               |
| 1. Is this a joi          |  | ioiu   |   |                        |                     |               |
|                           | o to line 2                                      |  |   |                        |                     |               |
|                           | oes Debtor 2 live in a s                         | separate household?                                      |   |                        |                     |               |
|                           | ■ No   | •  |   |                        |                     |               |
| L .                       |  |  |   |                        |                     |               |
| L                         |  |  | ses for Separate Household of Debto                                 | or 2.                  |                     |               |
| 2. Do you hav dependents? |  | No   |   |                        |                     |               |
| Do not list D             | _  | es. Fill out this information for                        | Dependent's relationship to   | Dependent's            | Does depen          | dent live     |
| Debtor 2.                 |  | each dependent   | Debtor 1 or Debtor 2  | age                    | with you?           |               |
|                           | penses include of people other                   | No   |   |                        |                     |               |
| than                      |  | ⁄es  |   |                        |                     |               |
| yourself an dependent     | d your $\square$                                 |  |   |                        |                     |               |
| асрепасти                 | <b>3</b> :                                       |  |   |                        |                     |               |
| Part 2: Esti              | mate Your Ongoin                                 | g Monthly Expenses                                       |   |                        |                     |               |
| _                         | of a date after the banl                         |  | ou are using this form as a supp<br>plemental Schedule J, check the | •                      | •                   |               |
|                           |  | cash government assistance it on Schedule I: Your Income |   |                        | Yo                  | our expenses  |
|                           |  |  | •   |                        | 10                  |               |
|                           | or nome ownership ex<br>or the ground or lot. 4. | penses for your residence. In                            | clude first mortgage payments and                                   |                        | 4.                  | \$900.00      |
| If not inc                | luded in line 4:                                 |  |   |                        |                     |               |
| 4a. Real e                | estate taxes                                     |  |   |                        | 4a                  | \$0.00        |
| 4b. Prope                 | rty, homeowner's, or rent                        | er's insurance   |   |                        | 4b.                 | \$0.00        |
| 4c. Home                  | maintenance, repair, and                         | upkeep expenses  |   |                        | 4c.                 | \$150.00      |
| 4d. Home                  | owner's association or co                        | ndominium dues   |   |                        | 4d.                 | \$0.00        |

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Fair

Debtor 1

Tammy Case number (if known) First Name Middle Name Last Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$400.00 6a. 6b. Water, sewer, garbage collection \$125.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$160.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$600.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$150.00 10. Personal care products and services 10. \$150.00 11. Medical and dental expenses \$150.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$375.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$80.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$200.00 15d. Other insurance. Specify: \_\_\_ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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| Debtor 1          | Tammy   | D.                    | Fair                            | Case number (if known) |     |            |
|-------------------|---|-----------------------|---------------------------------|------------------------|-----|------------|
|                   | First Name  | Middle Name           | Last Name                       |                        |     |            |
| 21.Other          | . Specify:  |                       |                                 |                        | 21  | \$0.00     |
|                   |   |                       |                                 |                        |     |            |
| 22. Calcu         | late your monthly expenses.   |                       |                                 |                        |     | \$3,440.00 |
| 22a. <i>A</i>     | Add lines 4 through 21.   |                       |                                 | \$0.00                 |     |            |
| 22b. C            | Copy line 22 (monthly expenses for                                    |                       |                                 | \$3,440.00             |     |            |
| 22c. A            | add line 22a and 22b. The result is                                   | s your monthly expens | es.                             |                        | 22. |            |
| 23.Calcu          | late your monthly net income.   |                       |                                 |                        |     |            |
| 23a. C            | Copy line 12 (your combined mon                                       | thly income) from Sch | edule I.                        |                        | 23a | \$3,790.69 |
| 23b. C            | Copy your monthly expenses from                                       | line 22 above.        |                                 |                        | 23b | \$3,440.00 |
| 23c S             | Subtract your monthly expenses fro                                    | om vour monthly incor | ne                              |                        |     |            |
|                   | The result is your monthly net inc                                    |                       |                                 |                        | 23c | \$350.69   |
|                   |   |                       |                                 |                        |     |            |
| 24. <b>Do y</b> o | ou expect an increase or decre  | ase in your expense   | es within the year after you    | ı file this form?      |     |            |
|                   | example, do you expect to finish p<br>gage payment to increase or dec |                       |                                 |                        |     |            |
| morų              | gage payment to increase or dec                                       | rease because of a m  | lodification to the terms of yo | our mongage?           |     |            |
| <b>✓</b> 1        | No  |                       |                                 |                        |     |            |
|                   | ⁄es   |                       |                                 |                        |     |            |
|                   | Frankin hann  |                       |                                 |                        |     |            |
|                   | Explain here:   |                       |                                 |                        |     |            |
|                   |   |                       |                                 |                        |     |            |
|                   |   |                       |                                 |                        |     |            |
|                   |   |                       |                                 |                        |     |            |
|                   |   |                       |                                 |                        |     |            |
|                   |   |                       |                                 |                        |     |            |
|                   |   |                       |                                 |                        |     |            |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|--|
| Debtor 1  | Tammy                     | D.          | Fair                 |  |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |  |  |
| (Spouse, if filing                              | ng) First Name            | Middle Name | Last Name            |  |  |  |  |  |  |
| United States                                   | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |  |  |
|   |                           |             | (State)              |  |  |  |  |  |  |
| Case number (If known)                          |                           |             |                      |  |  |  |  |  |  |

#### Official Form 106Dec

| Г | Check if this is an |
|---|---------------------|
|   | amended filing      |

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t1: Sign Below  |   |  |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?   |   |  |  |  |  |  |  |
|     | ✓ No  |   |  |  |  |  |  |  |
|     | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary at that they are true and correct. | nd schedules filed with this declaration and  |  |  |  |  |  |  |
| X   | /s/ Tammy Fair  | <b>x</b>  |  |  |  |  |  |  |
|     | Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |  |
|     | Date <b>9/13/2016</b>   | Date  |  |  |  |  |  |  |
|     | MM/DD/YYYY  | MM/DD/YYYY  |  |  |  |  |  |  |

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| Fill in this information to identify your case: |                           |                   |                              |  |  |  |  |  |
|---|---------------------------|-------------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Tammy<br>First Name       | D.<br>Middle Name | Fair<br>Last Name            |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing                  | <sup>ng)</sup> First Name | Middle Name       | Last Name                    |  |  |  |  |  |
| United States                                   | Bankruptcy Court for the: | Northern          | District of Illinois (State) |  |  |  |  |  |
| Case number (If known)                          |                           |                   | (0.000)                      |  |  |  |  |  |

#### Official Form 107

Check if this is an amended filing

#### **Statement of Financial Affairs for Individuals Filing for Bankruptcy**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part | Part 1: Give Details About Your Marital Status and Where You Lived Before |                           |                |                        |  |              |          |          |                             |  |  |
|------|---|---------------------------|----------------|------------------------|--|--------------|----------|----------|-----------------------------|--|--|
| 1.   | Wh  | at is your curre          | ent marital s  | tatus?                 |  |              |          |          |                             |  |  |
|      | <b>✓</b>  | Married<br>Not married    |                |                        |  |              |          |          |                             |  |  |
| 2.   | Dui   | ring the last 3 ye        | ears, have yo  | ou lived anywhere      | other than where you live  | now?         |          |          |                             |  |  |
|      | <b>✓</b>  | No<br>Yes. List all of th | ne places you  | lived in the last 3 ye | ears. Do not include where yo  | ou live now. |          |          |                             |  |  |
|      |   | Debtor 1:                 |                |                        | Dates Debtor 1 lived there   | Debtor 2:    |          |          | Dates Debtor 2 lived there  |  |  |
|      |   |                           |                |                        |  | Same as      | Debtor 1 |          | Same as Debtor 1            |  |  |
|      |   | Number Street             |                |                        | From   | Number Stre  | eet      |          | From                        |  |  |
|      |   |                           |                |                        | To   |              |          | То       |                             |  |  |
|      |   | City                      | State          | Zip Code               |  | City         | State    | Zip Code |                             |  |  |
|      |   |                           |                |                        |  | Same as      | Debtor 1 |          | Same as Debtor 1            |  |  |
|      |   | Number Street             |                |                        | From   | Number Stre  | eet      |          | From                        |  |  |
|      |   |                           |                |                        | To   |              |          |          | To                          |  |  |
|      |   | City                      | State          | Zip Code               |  | City         | State    | Zip Code |                             |  |  |
|      | territo   | ories include Ariza<br>No | ona, Californi | a, Idaho, Louisiana    | ouse or legal equivalent in,<br>Nevada, New Mexico, Puer<br>ebtors (Official Form 106H). |              |          |          | mmunity property states and |  |  |
|      |   |                           |                |                        |  |              |          |          |                             |  |  |

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| Deb   | tor 1                 |  | Fair  |   | umber (if known)                                       |  |  |  |  |  |
|---|-----------------------|--|---|---|--|--|--|--|--|--|
|   |                       | Ī  | e Name Last Nan   | ne  |  |  |  |  |  |  |
| Part  | 2:                    | Explain the Sources of Your  | Income  |   |  |  |  |  |  |  |
| <ul> <li>Did you have any income from employment or from operating a business during this year or the two previous calendar years?         Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.         No             Yes. Fill in the details.         </li> </ul> |                       |  |   |   |  |  |  |  |  |  |
|   |                       |  | Debtor 1  |   | Debtor 2   |  |  |  |  |  |
|   |                       |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |  |  |  |  |
|   |                       | rom January 1 of current year until<br>ne date you filed for bankruptcy:   | Wages, commissions, bonuses, tips Operating a business  | \$17878.00  | Wages, commissions, bonuses, tips Operating a business |  |  |  |  |  |
|   |                       | For last calendar year: January 1 to December 31, 2015   | Wages, commissions, bonuses, tips Operating a business  | \$25000.00  | Wages, commissions, bonuses, tips Operating a business |  |  |  |  |  |
|   |                       | For the calendar year before that:  January 1 to December 31, 2014   | ✓ Wages, commissions, bonuses, tips ☐ Operating a business  | \$25000.00  | Wages, commissions, bonuses, tips Operating a business |  |  |  |  |  |
| <br>  | Inclu<br>bene<br>case | you receive any other income during ide income regardless of whether that incefit payments; pensions; rental income; in and you have income that you received each source and the gross income from No Yes. Fill in the details. | come is taxable. Examples of<br>nterest; dividends; money colle<br>together, list it only once unde | other income are alimony; chected from lawsuits; royalties; r Debtor 1.   | ; and gambling and lottery winni                       |  |  |  |  |  |
| -   |                       |  | Debtor 1  |   | Debtor 2   |  |  |  |  |  |
|   |                       |  | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |  |  |  |  |
|   |                       | From January 1 of current year until he date you filed for bankruptcy:   |   |   |  |  |  |  |  |  |
|   |                       | For last calendar year:  (January 1 to December 31, 2015 )  YYYY   | 1   |   |  |  |  |  |  |  |
|   |                       | For the calendar year before that:  January 1 to December 31, 2014  YYYYY  | 2   |   |  |  |  |  |  |  |
|   |                       |  |   |   |  |  |  |  |  |  |

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|         | st Name      |              | D. Middle Name                                  | Last Name                      | Case num   | hber (if known)                 |                             |
|---------|--------------|--------------|---|--------------------------------|--|---------------------------------|-----------------------------|
|         |              | Paymen       | te You Made F                                   | Before You Filed for           | r Bankruntev   |                                 |                             |
| LI      | st Certain   | rayınıcıı    | its Tou Made L                                  | Serore rou i neu roi           | Банкгирісу   |                                 |                             |
| re eith | er Debtor 1  | 's or Debto  | or 2's debts prima                              | arily consumer debts?          |  |                                 |                             |
| No.     |              |              | <b>Debtor 2 has pri</b><br>I, family, or househ |                                | Consumer debts are defined   | d in 11 U.S.C. § 101(8) as "inc | urred by an individual      |
|         | During the   | 90 days bef  | ore you filed for ba                            | nkruptcy, did you pay any o    | creditor a total of \$6,425* or m  | nore?                           |                             |
|         | No. Go       | to line 7.   |   |                                |  |                                 |                             |
|         | t            | otal amoun   | t you paid that cred                            | litor. Do not include payme    | 5* or more in one or more pa<br>ents for domestic support obli<br>to an attorney for this bankru | gations, such as                |                             |
|         | * Subject to | adjustment   | t on 4/01/19 and ev                             | very 3 years after that for ca | ases filed on or after the date  | of adjustment.                  |                             |
| Yes.    | . Debtor 1 c | or Debtor 2  | or both have pri                                | marily consumer debts          |  |                                 |                             |
| _       | During the   | 90 days bef  | ore you filed for ba                            | nkruptcy, did you pay any o    | creditor a total of \$600 or more  | e?                              |                             |
|         | _            | o to line 7. | •   |                                |  |                                 |                             |
|         | t            | hat creditor | . Do not include pa                             |                                | or more and the total amount<br>ort obligations, such as child<br>this bankruptcy case.          |                                 |                             |
|         |              |              |   | Dates of payment               | Total amount paid  | Amount you still owe            | Was this payment for        |
| Cre     | editor's Nam | e            |   |                                |  |                                 | Mortgage                    |
| Nu      | mber Street  |              |   |                                |  |                                 | Car Credit card             |
|         |              |              |   |                                |  |                                 | Loan repayment              |
| City    |              | State        | Zip Code  |                                |  |                                 | Suppliers or vendors        |
| Oit     | у            | Olaic        | Zip Gode  |                                |  |                                 | Other                       |
| Cre     | editor's Nam | e            |   |                                |  |                                 | Mortgage                    |
| Ni      | mber Street  |              |   |                                |  |                                 | Car                         |
| INUI    | Tibel Street |              |   |                                |  |                                 | Credit card  Loan repayment |
|         |              |              |   |                                |  |                                 | Suppliers or                |
| City    | y            | State        | Zip Code  |                                |  |                                 | vendors                     |
| _       |              |              |   |                                |  |                                 | Other Mortgage              |
| Cre     | editor's Nam | е            |   |                                |  |                                 | Car                         |
| Nur     | mber Street  |              |   |                                |  |                                 | Credit card                 |
|         |              |              |   |                                |  |                                 | Loan repayment              |
| City    | y            | State        | Zip Code  |                                |  |                                 | Suppliers or vendors        |
|         | -            |              | •   |                                |  |                                 | Other                       |

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| Debtor 1           | Tammy<br>First Name   |                 | D.<br>Middle Name  | Fair<br>Last N   | Name              | Case number (ii      | f known)                              |  |  |  |
|--------------------|---|-----------------|--------------------|------------------|-------------------|----------------------|---------------------------------------|--|--|--|
| Insi<br>cor<br>age | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                 |                    |                  |                   |                      |                                       |  |  |  |
| <b>✓</b>           | No<br>Yes. List all payn  | nents to an ins | ider.              |                  |                   |                      |                                       |  |  |  |
|                    | ,   |                 |                    | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment               |  |  |  |
|                    | Insider's Name  |                 |                    |                  |                   |                      |                                       |  |  |  |
|                    | Number Street   |                 |                    |                  |                   |                      |                                       |  |  |  |
|                    | City  | State           | Zip Code           |                  |                   |                      |                                       |  |  |  |
|                    | Insider's Name  |                 |                    |                  |                   |                      |                                       |  |  |  |
|                    | Number Street   |                 |                    |                  |                   |                      |                                       |  |  |  |
|                    | City  | State           | Zip Code           |                  |                   |                      |                                       |  |  |  |
|                    | hin 1 year before   | you filed for   | r bankruptcy, die  | d you make any p | ayments or trans  | fer any property o   | n account of a debt that benefited an |  |  |  |
| Incl               | ude payments on o   | debts guarante  | eed or cosigned b  | y an insider.    |                   |                      |                                       |  |  |  |
| Ï                  | Yes. List all paym  | ents that bene  | efited an insider. |                  |                   |                      |                                       |  |  |  |
|                    |   |                 |                    | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment               |  |  |  |
|                    |   |                 |                    |                  |                   |                      | Include creditor's name               |  |  |  |
|                    | Insider's Name  |                 |                    |                  |                   |                      |                                       |  |  |  |
|                    | Number Street   |                 |                    |                  |                   |                      |                                       |  |  |  |
|                    | City  | State           | Zip Code           |                  |                   |                      |                                       |  |  |  |
|                    | Insider's Name  |                 |                    |                  |                   |                      |                                       |  |  |  |
|                    | Number Street   |                 |                    |                  |                   |                      |                                       |  |  |  |
|                    | City  | State           | Zip Code           |                  |                   |                      |                                       |  |  |  |

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| Deb | tor 1                 | Tammy<br>First Name                       | D.<br>Middle Name       | 2          | Fair<br>Last Name                  | C                | Case number (if | known)   |                                       |
|-----|-----------------------|---|-------------------------|------------|------------------------------------|------------------|-----------------|----------|---------------------------------------|
| art | 4:                    |   | Actions, Reposses       |            |                                    | es.              |                 |          |                                       |
| 9.  | <b>With</b><br>List a | in 1 year before yo                       | ou filed for bankruptcy | , were you | ı a party in any lawsı             | uit, court actio |                 |          | ing?<br>or custody modifications, and |
|     |                       | No<br>Yes. Fill in the detail             | s.                      |            |                                    |                  |                 |          |                                       |
|     |                       |   |                         | Nature     | of the case                        | Court or a       | agency          |          | Status of the case                    |
|     |                       | Case title                                |                         |            |                                    | Court Nam        | ne              |          | Pending On appeal                     |
|     |                       | Case number                               |                         |            |                                    | NumberSt         |                 |          | Concluded                             |
|     |                       | -   |                         |            |                                    | City             | Ctata           | Zin Codo |                                       |
|     |                       | Case title                                |                         |            |                                    | City             | State           | Zip Code | Pending                               |
|     |                       | Case number                               |                         |            |                                    | Court Nam        | ne              |          | On appeal                             |
|     |                       |   |                         |            |                                    | NumberSt         | reet            |          | Concluded                             |
|     |                       |   |                         |            |                                    | City             | State           | Zip Code |                                       |
|     |                       | No. Go to line 11. Yes. Fill in the infor | rmation below.          |            | Describe the prop                  | erty             |                 | Date     | Value of the property                 |
|     |                       | Creditor's Name                           |                         |            | Explain what happ                  | ened             |                 |          |                                       |
|     |                       | Number Street                             |                         |            |                                    |                  |                 |          |                                       |
|     |                       |   |                         |            | Property was re                    |                  |                 |          |                                       |
|     |                       |   |                         |            | Property was ga                    | arnished.        |                 |          |                                       |
|     |                       | City                                      | State Zip Co            | de         | Property was at  Describe the prop |                  | or levied.      | Date     | Value of the                          |
|     |                       |   |                         |            | Describe the prop                  | erty             |                 | Date     | property                              |
|     |                       | Creditor's Name                           |                         |            |                                    |                  |                 |          |                                       |
|     |                       | Number Street                             |                         |            | Explain what happ                  | ened             |                 |          |                                       |
|     |                       |   |                         |            | Property was re                    | reclosed.        |                 |          |                                       |
|     |                       | City                                      | State Zip Co            | de .       | Property was ga                    |                  | or levied       |          |                                       |
|     |                       | ~11.7                                     | 2.00 Zip 00             | ~~         | · · · oporty was at                |                  | J. 10110U.      |          |                                       |

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| Debto  | or 1     | Tammy<br>First Name                   | D.<br>Middle Name                                       | Fair<br>Last Name          | Case number (if known)           |                          |                     |
|--------|----------|---------------------------------------|---|----------------------------|----------------------------------|--------------------------|---------------------|
|        |          |                                       | filed for bankruptcy, did an<br>a payment because you o |                            | ank or financial institution, se | et off any amou          | nts from your       |
|        | <b>✓</b> | No<br>Yes. Fill in the details.       |   |                            |                                  |                          |                     |
|        |          |                                       |   | Describe the action th     | e creditor took                  | Date action was taken    | Amount              |
|        |          | Creditor's Name                       |   |                            |                                  |                          |                     |
|        |          | Number Street                         |   | Last 4 digits of account r | umber: XXXX-                     |                          |                     |
|        |          | City State                            | e Zip Code  |                            |                                  |                          |                     |
|        |          |                                       | ed for bankruptcy, was any dian, or another official?   | of your property in the    | possession of an assignee fo     | r the benefit of         | creditors, a court- |
|        | <b>✓</b> | No<br>Yes                             |   |                            |                                  |                          |                     |
| Part ( |          | List Certain Gifts a                  |   |                            |                                  |                          |                     |
| 13.    | Wi       | thin 2 years before you               | filed for bankruptcy, did yo                            | ou give any gifts with a t | otal value of more than \$600 p  | er person?               |                     |
|        |          | Yes. Fill in the details for          |   | Describe the sifts         |                                  | D-1                      | Value               |
|        |          | Gifts with a total value per person   | or more than \$600                                      | Describe the gifts         |                                  | Dates you gave the gifts | Value               |
|        |          | Person to Whom You Ga                 | ve the Gift   |                            |                                  |                          |                     |
|        |          | Number Street                         |   |                            |                                  |                          |                     |
|        |          | City State Person's relationship to y | ·   |                            |                                  |                          |                     |
|        |          | Person to Whom You Ga                 | ve the Gift   |                            |                                  |                          |                     |
|        |          | Number Street                         |   |                            |                                  |                          |                     |
|        |          | City State Person's relationship to y | ·   |                            |                                  |                          |                     |

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| Deb  | tor 1 | Tammy<br>First Name  | D.<br>Middle Name          | Fair<br>Last Name   | Case number (if known)        |                                   |                        |
|------|-------|--|----------------------------|---|-------------------------------|-----------------------------------|------------------------|
| 14.  | Wit   | hin 2 years hefore you fi  | iled for hankruntey did    | you give any gifts or contrib   | outions with a total value of | more than \$600 t                 | o any charity?         |
| 1-7. |       | No   | nea for bank uptcy, ala    | you give any girts or continu   | outions with a total value of | more than \$000                   | o any charty:          |
|      | Ė     | Yes. Fill in the details for   | each gift or contribution. |   |                               |                                   |                        |
|      |       | Gifts or contributions that total more than \$6  |                            | Describe what you conf  | tributed                      | Date you contributed              | Value                  |
|      |       |  |                            | _   |                               |                                   |                        |
|      |       | Charity's Name   |                            |   |                               |                                   |                        |
|      |       |  |                            | -   |                               |                                   |                        |
|      |       | Number Street  |                            | -   |                               |                                   |                        |
|      |       | City State   | e Zip Code                 | -   |                               |                                   |                        |
|      |       |  | ·                          |   |                               |                                   |                        |
| Part | 6:    | List Certain Losses  | <b>S</b>                   |   |                               |                                   |                        |
| 15.  |       | <b>abling?</b><br>No<br>Yes. Fill in the details.  |                            | nce you filed for bankruptcy,   |                               |                                   |                        |
|      |       | Describe the property thow the loss occurred   | you lost and               | Describe any insurance Include the amount that in pending insurance claims A/B: Property. | surance has paid. List        | Date of your loss                 | Value of property lost |
|      |       |  |                            |   |                               |                                   |                        |
|      |       | ut seeking bankruptcy of<br>de any attorneys, bankrup<br>No<br>Yes. Fill in the details. |                            | credit counseling agencies for  |                               |                                   |                        |
|      |       |  |                            | Description and value of transferred  | of any property               | Date payment or transfer was made | Amount of payment      |
|      |       | Semrad Law Firm  |                            | Attorney's Fee - 0.00   |                               | 9/6/2016                          | \$0.00                 |
|      |       | Person Who Was Paid<br>20 South Clark Street 28  | th Floor                   |   |                               |                                   |                        |
|      |       | Number Street  | u11 1001                   |   |                               |                                   |                        |
|      |       | Chicago Illino   | is 60606                   | •   |                               |                                   |                        |
|      |       | City State   |                            |   |                               |                                   |                        |
|      |       | Email or website address   | 6                          |   |                               |                                   |                        |
|      |       | Person Who Made the Pa   | ayment, if Not You         |   |                               |                                   |                        |
|      |       | Person Who Was Paid  |                            |   |                               |                                   |                        |
|      |       | Number Street  |                            |   |                               |                                   |                        |
|      |       | City State   | e Zip Code                 |   |                               |                                   |                        |
|      |       | Email or website address   | 5                          | •   |                               |                                   |                        |
|      |       | Person Who Made the Pa   | ayment, if Not You         | •   |                               |                                   |                        |

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| Deb | tor 1 | Tammy  | D.                  | Fair C  | ase number (if known)                      |                      |                                 |
|-----|-------|--|---------------------|---|--|----------------------|---------------------------------|
|     |       | First Name   | Middle Name         | Last Name   |  |                      |                                 |
| 17. | help  | hin 1 year before you filed for byou deal with your creditors not include any payment or transf  No  Yes. Fill in the details. | or to make payments |   | alf pay or transfer a                      | any property to any  | one who promised to             |
|     | ш     | res. Fill III the details.   |                     |   |  |                      |                                 |
|     |       |  |                     | Description and value of any pro<br>transferred   | perty                                      |                      | Amount of<br>payment            |
|     |       | Person Who Was Paid  |                     |   |  | -                    |                                 |
|     |       | Number Street  |                     |   |  |                      |                                 |
|     |       | City State   | Zin Codo            |   |  |                      |                                 |
|     |       | City State   | Zip Code            |   |  |                      |                                 |
|     |       | ude both outright transfers and tr<br>sfers that you have already listed<br>No<br>Yes. Fill in the details.                    |                     | rity (such as the granting of a security          |  |                      |                                 |
|     |       |  |                     | Description and value of any property transferred | Describe any<br>payments re<br>in exchange | ceived or debts pai  | Date<br>id transfer was<br>made |
|     |       | Person Who Received Transfe  | ır                  |   |  |                      |                                 |
|     |       | Number Street  |                     |   |  |                      |                                 |
|     |       | City State<br>Person's relationship to you   | Zip Code            |   |  |                      |                                 |
|     |       | Person Who Received Transfe  | r                   |   |  |                      |                                 |
|     |       | Number Street  |                     |   |  |                      |                                 |
|     |       | City State<br>Person's relationship to you   | Zip Code            |   |  |                      |                                 |
| 19. |       | hin 10 years before you filed for each are often called asset-protection.  |                     | u transfer any property to a self-se              | ettled trust or simil                      | ar device of which y | ou are a beneficiary?           |
|     | V     | No<br>Yes. Fill in the details.  |                     |   |  |                      |                                 |
|     | Ц     | 103. I ili ili ule detallă.  |                     | Description and value of the pr                   | operty transferred                         |                      | Date<br>transfer was<br>made    |
|     |       | Name of trust  |                     |   |  |                      |                                 |

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| Debt | or 1         | Tammy  | D.<br>Middle Name   | Fair  | Case number (if known)          |        |  |
|------|--------------|--|---------------------|---|---------------------------------|--------|--|
|      |              | First Name   |                     | Last Name   |                                 |        |  |
| Part | 8:           | List Certain Financial Ac  | counts, Instr       | uments, Safe Deposit Box  | xes, and Storage Units          |        |  |
|      | mov<br>Inclu | ed, or transferred?  | ket, or other finar | e any financial accounts or instruction accounts; certificates of deposits. |                                 |        |  |
|      | <b>✓</b>     | No<br>Yes. Fill in the details.  |                     |   |                                 |        |  |
|      |              |  |                     | Last 4 digits of account number   | Type of account or instrument   |        | Last balance<br>before<br>closing or<br>transfer |
|      |              | Person Who Was Paid  |                     | XXXX-   | Checking Savings                |        |  |
|      |              | Number Street  |                     |   | Money market Brokerage Other    |        |  |
|      |              | City State   | Zip Code            |   |                                 |        |  |
|      |              | Person Who Was Paid  |                     | XXXX-   | Checking Savings                |        |  |
|      |              | Number Street  |                     |   | Money market Brokerage          |        |  |
|      |              |  |                     |   | Other                           |        |  |
|      |              | City State   | Zip Code            |   |                                 |        |  |
| 21.  |              | you now have, or did you have ver valuables?  No Yes. Fill in the details. | within 1 year be    | fore you filed for bankruptcy, an  Who else had access to it?               | y safe deposit box or other dep |        | es, cash, or  Do you still                       |
|      |              |  |                     | Who cloc had access to it.  | besonibe the conte              |        | have it?   |
|      |              | Name of Financial Institution  |                     | Name  |                                 |        | ☐ No<br>☐ Yes                                    |
|      |              | Number Street  |                     | Number Street   |                                 |        |  |
|      |              |  |                     | City State Zip  | Code                            |        |  |
|      |              |  | Zip Code            |   |                                 |        |  |
| 22.  | _            |  | ge unit or place    | e other than your home within 1   | year before you filed for bankr | uptcy? |  |
|      |              | No<br>Yes. Fill in the details.  |                     |   |                                 |        |  |
|      |              |  |                     | Who else had access to it?  | Describe the conte              | nts    | Do you still have it?                            |
|      |              | Name of Storage Facility   |                     | Name  |                                 |        | ☐ No Yes   |
|      |              | Number Street  |                     | Number Street   |                                 |        |  |
|      |              | City State   | Zin Code            | City State Zip  | Code                            |        |  |
|      |              | City State   | Zip Code            |   |                                 |        |  |

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| btor    |  | Fa   | st Name  |                                   |  |                |
|---------|--|--|--|-----------------------------------|--|----------------|
|         | First Name Middle Name   | La   |  |                                   |  |                |
| t 9:    | <b>Identify Property You Hold or Cont</b>  | rol for Some   | one Else   |                                   |  |                |
|         |  |  |  |                                   |  |                |
|         | o you hold or control any property that some omeone.   | one else owns?   | Include any  | property you b                    | orrowed from, are storing for, or hold i | n trust for    |
| 50      | omeone.  |  |  |                                   |  |                |
| V       | <b>'</b> No  |  |  |                                   |  |                |
|         | Yes. Fill in the details.  |  |  |                                   |  |                |
|         |  | Where is th  | e property?  |                                   | Describe the contents                    | Value          |
|         |  |  |  |                                   |  |                |
|         | Owner's Name   | Number Stre  | et   |                                   |  |                |
|         |  |  |  |                                   |  |                |
|         | Number Street  |  |  |                                   |  |                |
|         |  |  |  |                                   |  |                |
|         |  | City   | State  | Zip Code                          |  |                |
|         | City State Zip Code  |  |  |                                   |  |                |
|         | •  |  |  |                                   |  |                |
| rt 10   | Give Details About Environmental   | Information  |  |                                   |  |                |
| or the  | purpose of Part 10, the following definitions apply  | <i>/</i> :   |  |                                   |  |                |
|         |  |  |  |                                   |  |                |
| -       | Environmental law means any federal, state, or lo  |  |  |                                   |  |                |
|         | hazardous or toxic substances, wastes, or materi   | ,  |  | , 0                               | •  |                |
|         | including statutes or regulations controlling the c  | learlup or triese s  | substatices, v   | asies, or materia                 | ai.                                      |                |
| -       | Site means any location, facility, or property as de   | •  | environmental  | law, whether you                  | now own, operate, or utilize it          |                |
|         | or used to own, operate, or utilize it, including dis  | sposal sites.  |  |                                   |  |                |
|         |  |  |  |                                   |  |                |
|         | Hazardous material means anything an environm  | ental law defines  | as a hazardo   | us waste, hazard                  | ous substance,                           |                |
|         | Hazardous material means anything an environm toxic substance, hazardous material, pollutant, co   |  |  | us waste, hazard                  | ous substance,                           |                |
|         | toxic substance, hazardous material, pollutant, co   | ontaminant, or sir   | nilar term.  |                                   | ous substance,                           |                |
|         |  | ontaminant, or sir   | nilar term.  |                                   | ous substance,                           |                |
| eport   | toxic substance, hazardous material, pollutant, co<br>all notices, releases, and proceedings that you kn   | ontaminant, or sir   | nilar term.<br>dless of when   | they occurred.                    |  |                |
| eport   | toxic substance, hazardous material, pollutant, co   | ontaminant, or sir   | nilar term.<br>dless of when   | they occurred.                    |  |                |
| eport   | toxic substance, hazardous material, pollutant, co<br>all notices, releases, and proceedings that you kn<br>as any governmental unit notified you that you<br>No   | ontaminant, or sir   | nilar term.<br>dless of when   | they occurred.                    |  |                |
| eport   | toxic substance, hazardous material, pollutant, co<br>all notices, releases, and proceedings that you kn<br>as any governmental unit notified you that you   | ontaminant, or sir   | nilar term.<br>dless of when   | they occurred.                    |  |                |
| eport   | toxic substance, hazardous material, pollutant, co<br>all notices, releases, and proceedings that you kn<br>as any governmental unit notified you that you<br>No   | ontaminant, or sir   | milar term.<br>dless of when   | they occurred.                    |  | Date of        |
| eport   | toxic substance, hazardous material, pollutant, co<br>all notices, releases, and proceedings that you kn<br>as any governmental unit notified you that you<br>No   | ontaminant, or sin   | milar term.<br>dless of when   | they occurred.                    | or in violation of an environmental law? |                |
| eport   | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have also | ontaminant, or sin   | milar term.  dless of when  or potential   | they occurred.                    | or in violation of an environmental law? | Date of        |
| eport   | toxic substance, hazardous material, pollutant, co<br>all notices, releases, and proceedings that you kn<br>as any governmental unit notified you that you<br>No   | ontaminant, or sin   | milar term.  dless of when  or potential   | they occurred.                    | or in violation of an environmental law? | Date of        |
| eport   | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have also | ontaminant, or sin   | milar term.  dless of when  or potential  dtal unit  | they occurred.                    | or in violation of an environmental law? | Date of        |
| eport   | toxic substance, hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you have as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have | ontaminant, or sir   | milar term.  dless of when  or potential  dtal unit  | they occurred.                    | or in violation of an environmental law? | Date of        |
| port    | toxic substance, hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you have as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have | Government  Government  Number Streen  | milar term.  dless of when  or potential  dtal unit  | they occurred.                    | or in violation of an environmental law? | Date of        |
| eport   | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have have any governmental unit notified you that you have have any have have a substance of site has a substance of site has a substance of site has a substa | ontaminant, or sir   | milar term.  dless of when  or potential  atal unit  al unit   | they occurred.                    | or in violation of an environmental law? | Date of        |
| eport   | toxic substance, hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you have as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have | Government  Government  Number Streen  | milar term.  dless of when  or potential  atal unit  al unit   | they occurred.                    | or in violation of an environmental law? | Date of        |
| Ha      | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have have a hard have a hard hard have a hard hard hard hard hard have a hard hard hard hard hard hard hard ha  | Government  Government  Government  City   | milar term.  dless of when  or potential  atal unit  al unit  et                                     | they occurred.  Iy liable under o | or in violation of an environmental law? | Date of        |
| Ha<br>☑ | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have have any governmental unit notified you that you have have any have have a substance of site has a substance of site has a substance of site has a substa | Government  Government  Government  City   | milar term.  dless of when  or potential  atal unit  al unit  et                                     | they occurred.  Iy liable under o | or in violation of an environmental law? | Date of        |
| Ha      | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have have a hard have a hard hard have a hard hard hard hard hard have a hard hard hard hard hard hard hard ha  | Government  Government  Government  City   | milar term.  dless of when  or potential  atal unit  al unit  et                                     | they occurred.  Iy liable under o | or in violation of an environmental law? | Date of        |
| Ha<br>☑ | toxic substance, hazardous material, pollutant, contained and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have you.  No   | Government  Government  Government  City   | milar term.  dless of when  or potential  atal unit  al unit  et                                     | they occurred.  Iy liable under o | or in violation of an environmental law? | Date of        |
| Ha      | toxic substance, hazardous material, pollutant, cor all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have you. Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any notified any notified any governmental unit of any notified any governmental unit of any notified any governmental unit of any notified any notified any notified any governmental unit of any notified any no | Government  Government  Government  City   | milar term.  dless of when  or potential  atal unit  et  State  ardous mate                          | they occurred.  Iy liable under o | Environmental law, if you know it        | Date of        |
| Ha<br>☑ | toxic substance, hazardous material, pollutant, cor all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have you. Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any notified any notified any governmental unit of any notified any governmental unit of any notified any governmental unit of any notified any notified any notified any governmental unit of any notified any no | Government  Government  Government  Tity  Verelease of haz                                     | milar term.  dless of when  or potential  atal unit  et  State  ardous mate                          | they occurred.  Iy liable under o | or in violation of an environmental law? | Date of notice |
| eport   | toxic substance, hazardous material, pollutant, cor all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have you. Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any notified any notified any governmental unit of any notified any governmental unit of any notified any governmental unit of any notified any notified any notified any governmental unit of any notified any no | Government  Government  Government  Tity  Verelease of haz                                     | milar term.  dless of when  or potential  atal unit  et  State  ardous mate                          | they occurred.  Iy liable under o | Environmental law, if you know it        | Date of notice |
| eport   | toxic substance, hazardous material, pollutant, cor all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have you. Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any notified any notified any governmental unit of any notified any governmental unit of any notified any governmental unit of any notified any notified any notified any governmental unit of any notified any no | Government  Government  Government  Tity  Verelease of haz                                     | milar term. dless of when e or potential datal unit et  State  ardous mate                           | they occurred.  Iy liable under o | Environmental law, if you know it        | Date of notice |
| eport   | toxic substance, hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have you. The details.  No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any yes. Fill in the details.  No Yes. Fill in the details.   | Government  Government  City  Government  Government  City  Government                         | milar term. dless of when e or potential ntal unit al unit et State ardous mate                      | they occurred.  Iy liable under o | Environmental law, if you know it        | Date of notice |
| Ha<br>☑ | toxic substance, hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have you. No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any Yes. Fill in the details.   | Government  City  Government  Government  City  Government                                     | milar term. dless of when e or potential ntal unit al unit et State ardous mate                      | they occurred.  Iy liable under o | Environmental law, if you know it        | Date of notice |
| H:      | toxic substance, hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have you. The details.  No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any yes. Fill in the details.  No Yes. Fill in the details.   | Government Government Government City Government Government Number Stree Government Government | nilar term.  Illess of when  or potential  atal unit  et  State  ardous mate  atal unit  et  al unit | zip Code                          | Environmental law, if you know it        | Date of notice |
| eport   | toxic substance, hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have you. The details.  No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any yes. Fill in the details.  No Yes. Fill in the details.   | Government  Government  City  Government  Government  City  Government                         | milar term. dless of when e or potential ntal unit al unit et State ardous mate                      | they occurred.  Iy liable under o | Environmental law, if you know it        | Date of notice |
| eport   | toxic substance, hazardous material, pollutant, corall notices, releases, and proceedings that you know as any governmental unit notified you that you have you. The details.  No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any yes. Fill in the details.  No Yes. Fill in the details.   | Government Government Government City Government Government Number Stree Government Government | nilar term.  Illess of when  or potential  atal unit  et  State  ardous mate  atal unit  et  al unit | zip Code                          | Environmental law, if you know it        | Date of notice |

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| Deb  | tor 1                   | Tammy                 |                 | D.                    | Fair                                    | Case                  | number (if known)   |                |
|------|-------------------------|-----------------------|-----------------|-----------------------|---|-----------------------|---|----------------|
|      |                         | First Name            |                 | Middle Name           | Last Name                               |                       |   |                |
| 26.  | Hav                     | e vou been a narty    | , in any judio  | cial or administr     | ative proceeding under                  | any environments      | al law? Include settlements and order                     | re.            |
| 20.  | Hav                     | e you been a party    | in any jaan     | ciai oi adiiiiiisti   | alive proceeding under                  | arry errormormicine   | inaw: moldae settlements and order                        | <b>.</b>       |
|      | $\overline{\mathbf{V}}$ | No                    |                 |                       |   |                       |   |                |
|      |                         | Yes. Fill in the deta | ils.            |                       |   |                       |   |                |
|      |                         |                       |                 |                       | Court or agency                         |                       | Nature of the case  | Status of the  |
|      |                         |                       |                 |                       |   |                       |   | case           |
|      |                         | Case title            |                 |                       |   |                       |   | □ Danding      |
|      |                         |                       |                 |                       | Court Name                              |                       |   | Pending        |
|      |                         |                       |                 |                       | Court Harrie                            |                       |   | On appeal      |
|      |                         | Case number           |                 |                       | Number Street                           |                       |   |                |
|      |                         |                       |                 |                       |   |                       |   | Concluded      |
|      |                         |                       |                 |                       | City State                              | Zip Code              |   |                |
|      |                         | l                     |                 |                       |   |                       |   |                |
| Part | 111:                    | Give Details A        | bout Your       | Business or           | Connections to An                       | ny Business           |   |                |
| 27   | \A/:4I                  | sin 4 voore before    | vou filed for   | hankruntau die        | l vou own a business or                 | have any of the fr    | allowing connections to any business                      | .2             |
| 27.  | VVILI                   | iin 4 years before    | you filed for   | bankruptcy, dic       | a you own a business or                 | nave any or the re    | ollowing connections to any business                      | S f            |
|      |                         | A sole propriet       | or or self-em   | ployed in a trade,    | profession, or other activit            | y, either full-time o | part-time   |                |
|      |                         |                       |                 | -                     | ) or limited liability partners         |                       |   |                |
|      |                         | A partner in a        |                 | , , ,                 | , | - 1 ( )               |   |                |
|      |                         |                       |                 | aging executive of    | a corporation                           |                       |   |                |
|      |                         |                       |                 |                       | ty securities of a corporation          | un.                   |   |                |
|      |                         | All Owner or at       | . IEasi 3% Oi i | ine voling or equi    | ly securiles of a corporation           | 011                   |   |                |
|      | <b>✓</b>                | No. None of the abo   | ove applies. G  | Go to Part 12.        |   |                       |   |                |
|      |                         | Yes. Check all that a | apply above a   | and fill in the detai | ils below for each business             |                       |   |                |
|      |                         |                       |                 |                       | Describe the natu                       |                       | s Employer Identification n                               | number Do not  |
|      |                         |                       |                 |                       |   |                       | include Social Security no                                |                |
|      |                         |                       |                 |                       |   |                       | EIN:  |                |
|      |                         | Business Name         |                 |                       |   |                       | EIIV.   |                |
|      |                         |                       |                 |                       |   |                       |   |                |
|      |                         | Number Street         |                 |                       | Name of consumt                         | ant as baakkaana      | Dates business existed                                    |                |
|      |                         |                       |                 |                       | Name of account                         | апт ог рооккеере      |   |                |
|      |                         | City                  | State           | Zip Code              |   |                       | From To   |                |
|      |                         |                       |                 |                       |   |                       |   |                |
|      |                         |                       |                 |                       |   |                       |   |                |
|      |                         |                       |                 |                       | Describe the natu                       | ura of the business   | c Employer Identification n                               | umber De not   |
|      |                         |                       |                 |                       | Describe the natt                       | ire or trie busines   | s Employer Identification n<br>include Social Security no |                |
|      |                         |                       |                 |                       |   |                       |   |                |
|      |                         | Business Name         |                 |                       | _                                       |                       | EIN:  |                |
|      |                         |                       |                 |                       |   |                       |   |                |
|      |                         | Number Street         |                 |                       |   |                       | Dates business existed                                    |                |
|      |                         |                       |                 |                       | Name of account                         | ant or bookkeepe      | r   |                |
|      |                         | City                  | State           | Zip Code              |   |                       | From To   |                |
|      |                         | ,                     | Ciaio           | p                     |   |                       |   | <del>_</del>   |
|      |                         |                       |                 |                       |   |                       |   |                |
|      |                         |                       |                 |                       |   |                       |   |                |
|      |                         |                       |                 |                       | Describe the natu                       | ire of the busines    |   |                |
|      |                         |                       |                 |                       |   |                       | include Social Security no                                | umber or ITIN. |
|      |                         | B                     |                 |                       |   |                       | EIN:  |                |
|      |                         | Business Name         |                 |                       |   |                       |   |                |
|      |                         | <u> </u>              |                 |                       |   |                       | Dates business existed                                    |                |
|      |                         | Number Street         |                 |                       | Name of account                         | ant or bookkeene      |   |                |
|      |                         |                       |                 |                       |   |                       |   |                |
|      |                         | City                  | State           | Zip Code              |   |                       | FromTo  |                |
|      |                         |                       |                 |                       |   |                       |   |                |
|      |                         |                       |                 |                       |   |                       |   |                |

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| Debtor   |  | D.                    | Fair                           | Case number (if known)  |
|----------|--|-----------------------|--------------------------------|---|
|          | First Name   | Middle Name           | Last Name                      |   |
|          | Vithin 2 years before you filed freditors, or other parties. | or bankruptcy, did y  | ou give a financial statemer   | nt to anyone about your business? Include all financial institutions,   |
|          | No Yes. Fill in the details below.                           |                       |                                |   |
|          |  |                       | Date issued                    |   |
|          | Name   |                       | MM/DD/YYYY                     |   |
|          | Number Street  |                       | <u> </u>                       |   |
|          | City State   | Zip Code              |                                |   |
| Part 12  | 2: Sign Below  |                       |                                |   |
| tru      | e and correct. I understand the                              | at making a false sta | tement, concealing propert     | nts, and I declare under penalty of perjury that the answers are y, or obtaining money or property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          | /s/ Tammy Fai  | r                     |                                | ×   |
|          | Signature of Debi  |                       |                                | Signature of Debtor 2   |
|          | Date 9/13/2016   |                       |                                | Date 9/13/2016  |
| Dio      | d you attach additional pages                                | o Your Statement of   | Financial Affairs for Indivi   | duals Filing for Bankruptcy (Official Form 107)?  |
| <b>✓</b> | No   |                       |                                |   |
|          | Yes  |                       |                                |   |
| Dic      | d you pay or agree to pay some                               | eone who is not an a  | ttorney to help you fill out b | ankruptcy forms?  |
| <b>✓</b> | No   |                       |                                |   |
|          | Yes. Name of person  |                       |                                | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B 203 (12/94)

#### **UNITED STATES BANKRUPTCY COURT**

|       |   | Northern Distric                 | t of Illinois  |                                 |
|-------|---|----------------------------------|--|---------------------------------|
| In re | Tammy D. Fair;  |                                  | Case No.   |                                 |
| -     | Debtor  | _                                |  | (If known)                      |
|       |   |                                  | Chapter  | Chapter 13                      |
|       | DISCLOSURE O  | F COMPENSATION                   | OF ATTORNEY FO   | OR DEBTOR                       |
| 1.    | Pursuant to 11 U.S.C. § 329(a) a that compensation paid to me w services rendered or to be rendered as follows: | ithin one year before the filing | of the petition in bankruptcy, or                                    | agreed to be paid to me, for    |
|       | For legal services, I have agree  | d to accept                      |  | \$4,000.0                       |
|       | Prior to the filing of this statement   | ent I have received              |  | \$0.0                           |
|       | Balance Due   |                                  |  | \$4,000.0                       |
| 2.    | The source of the compensation  | paid to me was:                  |  |                                 |
|       | Debtor  | Other (specify)                  | )  |                                 |
| 3.    | The source of the compensation  | paid to me is:                   |  |                                 |
|       | Debtor  | Other (specify)                  | )  |                                 |
| 4.    | I have not agreed to share to members and associates of   |                                  | tion with any other person unles                                     | s they are                      |
|       |   | my law firm. A copy of the agre  | with a other person or persons wement, together with a list of the   |                                 |
| 5.    | In return for the above-disclose a. Analysis of the debtor's f bankruptcy;                                      |                                  | legal service for all aspects of the gadvice to the debtor in determ |                                 |
|       | b. Preparation and filing of  | any petition, schedules, statem  | nents of affairs and plan which r                                    | nay be required;                |
|       | c. Representation of the de   | btor at the meeting of creditors | and confirmation hearing, and a                                      | any adjourned hearings thereof; |
|       | d. Representation of the de   | btor in adversary proceedings    | and other contested bankruptcy                                       | matters;                        |
| 6.    | By agreement with the debtor(s)   | , the above-disclosed fee does   | not include the following service                                    | es:                             |
|       |   |                                  |  |                                 |
|       |   | CERTIFICA                        | TION   |                                 |
|       | I certify that the foregoing is a cone debtor(s) in this bankruptcy pro   |                                  | ment or arrangement for payme  | ent to me for representation    |
|       | 9/13/2016   |                                  | /s/ Jason Diaz   |                                 |
| _     | Date  |                                  | Signature of Attorney  |                                 |
|       |   |                                  | Semrad Law Firm  |                                 |

Name of law firm

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re: | Fair, Tammy D. ;                                  | Case No                         |  |  |
|--------|---|---------------------------------|--|--|
|        | Debtor(s)   | Chapter.                        | Chapter13                                      |  |
|        | VERIFICATION                                      | OF CREDITOR MA                  | TRIX   |  |
|        | The above named Debtors hereby verify that the at | tached list of creditors is tru | ue and correct to the best of their knowledge. |  |
|        |   |                                 |  |  |
| Date:  | 9/13/2016   | /s/ Fair, Tamm                  | yD.  |  |
| _      |   | Fair, Tammy D<br>Signature of D |  |  |
|        |   |                                 |  |  |
|        |   | /s/<br>Signature of Jo          | nint Dehtor                                    |  |

FED LOAN SERV P.O. Box 60610 Harrisburg , PA 17106 USA

ILLIANA FINANCIAL CRED 1600 HUNTINGTON DR CALUMET CITY , IL 60409 USA

GENERAL REVENUE CORP 4660 DUKE DR STE 300 MASON , OH 45040 USA

COMENITY BANK/DOTS PO BOX 182789 COLUMBUS , OH 43218 USA

ILLIANA FINANCIAL CRED 1600 HUNTINGTON DR CALUMET CITY , IL 60409 USA

LVNV FUNDING LLC 544 Mulberry St Ste 800 Macon , GA 31201 USA

GINNY'S INC 1112 7TH AVE POB 2816 MONROE , WI 53566 USA

MCSI INC PO BOX 327 PALOS HEIGHTS , IL 60463 USA

MCSI INC PO BOX 327 PALOS HEIGHTS , IL 60463 USA

MRSI 2250 E DEVON AVE STE 352 DES PLAINES , IL 60018 USA

NATIONWIDE CREDIT & CO 815 COMMERCE DR STE 270 OAK BROOK , IL 60523 USA

CREDIT CNTRL 5757 PHANTOM DR. SUITE 330 Case 16-29189 Doc 1 Filed 09/13/16 Entered 09/13/16 14:07:44 Desc Main Document Page 59 of 71

 $\begin{array}{c} \mathsf{HAZELWOOD} \ , \mathsf{MT} \ \mathsf{63042} \\ \mathsf{USA} \end{array}$ 

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602 USA

Village of Dolton 14122 Chicago Road Dolton , IL 60419 USA

NTL ACCT SRV 1246 University # 421 Saint Paul , MN 55104 USA

IDAPP Po Box 15618 Wilmington , DE 19850 USA

City of Blue Island 13051 Greenwood Ave Blue Island , IL 60406 USA

Fingerhut 6250 Ridgewood Road St. Cloud , MN 56303 USA

Stoneberry P.O. Box 2820 Monroe , WI 53566 USA

Seventh Avenue c/o Creditors Bankruptcy Service P.O. Box 800849 Dallas , TX 75380 USA

HARRIS & HARRIS LTD 111 W JACKSON BLVD S-400 CHICAGO , IL 60604 USA

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$ 4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$0 toward the flat fee, leaving a balance due of \$4000.00; and \$61.76 for expenses, leaving a balance due for the filing fee of \$310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:

Signed:

Debtor(s)

Attorney for the Debtor

Do not sign this agreement if the amounts are blank,

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| Part 6: Answer These Questions for Reporting Purposes  16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. 101(8) as "incurred by an individual primarily for a personal, family, or household purposes. No. Go to line 16b.    Yes. Go to line 17.   16b. Are your debts primarily business debts? Business debts are debts that you incurred obtain money for a business or investment or through the operation of the business or investment.    No. Go to line 16c.   Yes. Go to line 17.   16c. State the type of debts you owe that are not consumer debts or business debts.  17. Are you filing under Chapter 7. Go to line 18.  18. Are you filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative of paid that funds will be available to distribute to unsecured creditors?                                 | ose."<br>ed to   |
|---|--|
| 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. 101(8) as "incurred by an individual primarily for a personal, family, or household purpose No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily business debts? Business debts are debts that you incurred obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.  16c. State the type of debts you owe that are not consumer debts or business debts.  17. Are you filing under Chapter 7. Go to line 18.  Ob you estimate that after any exempt property is excluded and administrative of paid that funds will be available to distribute to unsecured creditors?   | ose."<br>ed to   |
| Chapter 7?  Do you estimate that after any exempt property is excluded and administrative of after any exempt property is excluded and administrative of paid that funds will be available to distribute to unsecured creditors?  |  |
| property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?   | ∍xpenses are   |
| 18. How many creditors do you estimate that you owe?  | 00   |
| 19. How much do you estimate your assets to be worth?   | 10 billion<br>\$50 billion                                     |
| 20. How much do you estimate your liabilities to be?       \$0-\$50,000       \$1,000,001-\$10 million       \$500,000,001-\$1         \$500,000,001-\$100,000       \$10,000,001-\$50 million       \$10,000,000,001-\$1         \$500,001-\$100 million       \$10,000,000,001-\$1         \$500,001-\$1 million       \$100,000,001-\$500 million       \$100,000,000,001-\$1  | 10 billion<br>\$50 billion                                     |
| For you  I have examined this petition, and I declare under penalty of perjury that the information pro   |  |
| and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorn me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b) I request relief in accordance with the chapter of title 11, United States Code, specified in the I understand making a false statement, concealing property, or obtaining money or property connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **    Ist Tammy Fair   Signature of Debtor 2 | napter 7,<br>pter, and I<br>ney to help<br>o).<br>is petition. |

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| Fill in this info         | rmation to identify your cas                         | e:                           |  |  |
|---------------------------|--|------------------------------|--|--|
| Debtor 1                  | Tammy  | D.                           | Fair   |  |
|                           | First Name   | Middle Name                  | Last Name                                    | —  |
| Debtor 2                  | . —  |                              |  |  |
| (Spouse, if filin         | <sup>ng)</sup> First Name                            | Middle Name                  | Last Name                                    |  |
| United States             | Bankruptcy Court for the:                            | Northern                     | District of Illinois                         |  |
| O                         |  |                              | (State)                                      |  |
| Case number<br>(If known) |  |                              | W  |  |
| Official                  | Form 106De   | C                            |  | Check if this is a amended filing                          |
| <u>Declara</u>            | ition About a  | n Individual De              | ebtor's Sched                                | lules 124  |
| If two married            | people are filing togethe                            | er, both are equally respons | ible for supplying correc                    | et information.  |
| Part 1: Sig               |  | eone who is NOT an attorne   | y to help you fill out bank                  | rruptcy forms?   |
| ✓ No                      |  |                              |  |  |
| Yes.                      | Name of person                                       |                              | Attach Bankruptcy F<br>Signature (Official F | Petition Preparer's Notice, Declaration, and<br>Form 119). |
|                           |  |                              |  |  |
|                           | enalty of perjury, I declar<br>are true and correct, | e that I have read the summa | ary and schedules filed w                    | vith this declaration and                                  |
| ★ Isl Tamn Signature      | of Debtor 1  | may thi                      | <b>≭</b><br>Signature                        | e of Debtor 2  |
| Date <u>9/1;</u>          | 3/2016<br>M/DD/YYYY                                  |                              | Date   | M/DD/YYYY  |

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|              | Tammy  | U.   | rair                         | Case number (if known)  |
|--------------|--|--|------------------------------|---|
|              | First Name   | Middle Name                                  | Last Name                    |   |
|              | thin 2 years before yo<br>ditors, or other partie                |  | you give a financial stater  | nent to anyone about your business? Include all financial institutions  |
| <b>☑</b>     | No<br>Yes. Fill in the details t                                 | pelow.                                       |                              |   |
|              |  |  | Date issued                  |   |
|              | <b>1</b>   |  | MM/DD/YYYY                   | _   |
|              | Name   |  | WIWI/DD/TTTT                 |   |
|              | Number Street  |  |                              |   |
|              | City   | State Zip Code                               |                              |   |
|              | o.ky<br>■  |  |                              |   |
| 'art 12:     | Sign Below   |  |                              |   |
|              |  |  |                              | erty, or obtaining money or property by fraud in connection with a 99 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|              | 🗶 💮 /s/ Tar  | nmy Fair X                                   | - tri                        | ×   |
|              | /S/ Tar  | nmy Fair X                                   | - tui                        | Signature of Debtor 2   |
|              | /S/ Tar  | of Debtor 1                                  | y tri                        |   |
| Did <u>y</u> | Signature  Date 9/1  | of Debtor 1<br>3/2016                        | - tui                        | Signature of Debtor 2   |
| soleria:     | /s/ lar<br>Signature<br>Date 9/1<br>you attach additional        | of Debtor 1<br>3/2016                        | - tui                        | Signature of Debtor 2  Date 9/13/2016   |
| 区            | Signature  Date 9/1  | of Debtor 1<br>3/2016                        | - tui                        | Signature of Debtor 2  Date 9/13/2016   |
| 回            | Signature  Date 9/1  you attach additional  No Yes               | of Debtor 1<br>3/2016                        | of Financial Affairs for Inc | Signature of Debtor 2  Date 9/13/2016  lividuals Filing for Bankruptcy (Official Form 107)?                                   |
| Did :        | Signature  Date 9/1  you attach additional  No Yes               | of Debtor 1 3/2016 pages to Your Statement o | of Financial Affairs for Inc | Signature of Debtor 2  Date 9/13/2016  lividuals Filing for Bankruptcy (Official Form 107)?                                   |
|              | Date 9/1  you attach additional  No  Yes  you pay or agree to pa | of Debtor 1 3/2016 pages to Your Statement o | of Financial Affairs for Inc | Signature of Debtor 2  Date 9/13/2016  lividuals Filing for Bankruptcy (Official Form 107)?                                   |

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#### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re: | Fair, Tammy D. ;   | Case No   |           |  |  |  |  |
|--------|--|---|-----------|--|--|--|--|
|        | Debtor(s)  |   |           |  |  |  |  |
|        |  | Chapter   | Chapter13 |  |  |  |  |
|        | VERIFICATION OF CREDITOR MATRIX  |   |           |  |  |  |  |
|        | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge |   |           |  |  |  |  |
| Date:  | 9/13/2016  | /s/ Fair, Tammy D<br>Fair, Tammy D.<br>Signature of Deb |           |  |  |  |  |
|        |  | /s/<br>Signature of Join                                | ot Debtor |  |  |  |  |

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| Debto  | er T  |   | บ.<br>Middle Name               | rair<br>Last Name    | Case number (if known)   |  |  |
|--------|---|---|---------------------------------|----------------------|--|--|--|
| 16.    | Cal   | culate the median family incom  | e that applies to you. F        | ollow these steps:   |  | er were in a remember de Methodologie in entre e |  |
|        | 16a   | . Fill in the state in which you live.  |                                 | Illinois             | _  |  |  |
|        | 16b   | . Fill in the number of people in yo  | our household.                  | 2                    | _  |  |  |
|        | 16c   | : Fill in the median family income<br>To find a list of applicable media<br>may also be available at the banl   | ın income amounts, go or        | **                   | specified in the separate instructions for this form. This list  | \$63,896.00  |  |
| 17.    | Ho  | w do the lines compare?   |                                 |                      |  |  |  |
|        | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2). |   |                                 |                      |  |  |  |
|        | 17b   | The second  | nd fill out Calculation o       |                      | box 2, Disposable income is determined under 11 U.S.C. § come (Official Form 122C-2). On line 39 of that form, copy  |  |  |
| Part : | 3:  | Calculate Your Commitme   | ent Period Under 1              | 1 U.S.C. §132        | 25(b)(4)   |  |  |
| 18.    | Col   | py your total average monthly i   | ncome from line 11.             |                      |  | \$4,963.84   |  |
|        |   | Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. |                                 |                      |  |  |  |
|        | 19a   | . If the marital adjustment does no   | ot apply, fill in 0 on line 19a | a                    |  | -\$0.00  |  |
|        | 19b   | . Subtract line 19a from line 18  |                                 |                      |  | \$4,963.84   |  |
| 20.    | Cal   | culate your current monthly inc   | come for the year. Follow       | v these steps:       |  |  |  |
|        | 20a   | . Copy line 19b.  | waya i taa alaa i a taa         |                      | A CONTRACTOR OF THE CONTRACTOR | \$4,963.84   |  |
|        |   | Multiply by 12 (the number of mo  | onths in a year).               |                      |  | x 12   |  |
|        | 20b   | . The result is your current month  | ly income for the year for      | this part of the for | m.   | \$59,566.08  |  |
|        | <b>20</b> c   | c. Copy the median family income  | for your state and size of l    | household from lin   | e 16c.   | \$63,896.00  |  |
| 21.    | Ho  | w do the lines compare?   |                                 |                      |  |  |  |
|        | 図   | Line 20b is less than line 20c. Unl<br>period is 3 years. Go to Part 4.   | less otherwise ordered by       | the court, on the t  | top of page 1 of this form, check box 3, The commitment  |  |  |
|        |   | Line 20b is more than or equal to commitment period is 5 years. Go  |                                 | e ordered by the o   | court, on the top of page 1 of this form, check box 4, The   |  |  |
| Part 4 | 4:  | Sign Below  |                                 |                      |  |  |  |
|        |   | By signing here, I declare under p  | penalty of perjury that the     | information on this  | s statement and in any attachments is true and correct.  |  |  |
|        |   |   | 1. 1                            |                      |  |  |  |
|        |   | Signature of Debtor 1   | Janny tr                        | _                    | Signature of Debtor 2  |  |  |
|        |   | Date <b>9/13/2016</b> MM/DD/YYYY  |                                 |                      | Date   |  |  |
|        | If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.   |   |                                 |                      |  |  |  |